A Amended Marenal	TIFICAÎ	State of	New ASBES	Jersey STOS ABATEME 60 and 12:120)	NT/VEW (3	887			7
additional Material	(Pursua	ne of Bu	ilding O	wner/Operator (2))					
Date of Notification (1)	1140	tioi ia.		Armory				77.	1	
1/6/14	Stre	et Addr	ess	e South		1				-
Agencies Notified				6 South					. !	
EPA Initial Amended Amendment # Emergency (including	Bo	ordente	, Zip Co own, N	J 08505		TED	5. 900			<u></u>
DOL Emergency (including justification)	100	me of C	contact						-	
X DOH Cancellation		om EACIL	ITY INF	ORMATION	Type of Facility	(4)				
DCA Serving Place (3	()	PACIL	11111			401			Ĺ	
Name of Facility Where Abatement is Taking Place (3 National Guard Armory	, 				Subchapte Other (i.e.	er 8 (Othe private &	r than K-12) commercial bu	uildings, h	omes	•
Street Address				y 1 1	etc.)		Floors	Bldg. Ag	е	
1048 Route 206 South					Square Feet 1000+	1		35+		
City (5) Bordentown, NJ 08505		0mh/	Code (7)	Current Use (F	rior if bei	ing demolished)		
County (6)		(STATE	USE ON		1	Contracto	r (9)			
	8)	TASC	M No.	Nam	e of Abatement (rnaco Inc.	JOHNAGO	. (-)			
Burlington Name of Monitoring Firm Hired by Building Owner (0)	001	1,0.		et Address					
Whitman				PC	Box 329					
Street Address 7 Pleasant Hill Rd					State Zin Code	20001				
City, State, Zip Code				\ W	est Berlin NJ	08091	License No).		
Cranbury NJ 08512		Telep	hone N	0.	lephone No. 56-753-9800		00727		700	
Project Manager for Monitoring Firm		732	390-5	858	ame of OSHA Mo	nitor				
Kevin Lovely	eduled C	ompleti	on Date	(11) Na	ame of OSHA	******				
Start Date (10) 2/7	/14	2/8	119		reet Address					
1/20/14 Occupancy Status During Abatement (Check On	ly One)								-	
I Diring Entire Pelic	d of Aba	tement		0	ity, State, Zip Co	de	0.5			
Facility Closed/Vacated During Entire Pero Abatement Performed Outside of Normal F Other – Describe: Limited Occupancy	acility no		h .				nd cut			
Other - Describe.					Wet	wrap a	nd cut t with Negative	Pressure		
Scope of Work (Check All That Apply)	X Rer	novation	١		X Mini-Fr	nclosure				
	Rer Der	molition			Gloveb Non-E	ag Proce	dure (*) and Non-Fri	able Proc	hate	ment
≥160 sf or ≥260 if								\ ′	Ty	
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Used	ocation ormally Solely otenand Solely odial St	by ce/	Asbestos Conta	cription of aining Material (A systems insulatio cing, VAT, or niscellaneous)	on,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate
In Facility (13)	Yes	No	N/A	14		200	300 LF	×	-	+
	163		x		insulation	9 9 9	8 Doors	Te	1	T
Drill Floor BP3			×	F	ire doors		700 LF		+	+
BP1 ,2,3,&4	-	-	+~	Pip	e Insulation				+	+
Kitchen, Dining Room offices &			+		nsite	, .	2600 5	/		
000		1	NJDEP	Monto Cub	ic Yards	Name o	of Registered La	allullii		
Name of Registered Waste Hauler		11	Hauler I	VVacio	/aste	G.R.C).W.S.			
Freehold Cartage Inc.		5	2265	Dis	posal Date	City, St	tate sville PA 19	067		
City, State Freehold NJ				ТВ	Signature /	1		Date 1/6/	14	
	Title	e esider	nt		1/1			ــــــــــــــــــــــــــــــــــــــ		
Completed by Anthony T Perna	Pr	esidei					n for asbestos l	icensure (exemp	pted a
,					* Do not use	this torm	1 101 23200103	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (

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\cup	11.	14		
	0			
	V			-

X			n	David Jo	hnson						
X		pe Notificatio)II	Street Add						582/a/A	1 2
	Notified	v	gency Notification		ourne Av	enue			FER	<u> 2014</u>	
10-0-0-0	EPA				e & Zip Coo			8			
X	DEP		Notification	Iselin, N							
X	DOL		nded Notification	Name of						Telenhone N	Jumber 1
X	DOH	Cano	ellation			•			**	السل)
	DCA	in .			laybourn						
	257			FACIL	ITY INFO						
Name of	Facility Wh	nere Abateme	ent is Taking Place	(3)			f Facility (4) thool (K-12)				
- N. B.		R	esidence			٠ء ا	hohanter 8	(Other than	K-12)		1110-200-0
			949 ¥			Y Ot	her (i.e., pr	ivate & comr	nercial buildi	ngs, homes,	etc.
		57 CI	ayborne Ave			Square	Feet	# of Floors	S	Bldg. Age	
								A 100	2	6	0
City (5)			County (6)	County Coo	de (7)		2,000				
City (C)	Iselin		Middlesex					r if being den	nonsneu)		
	156111		1			Resid	ence		(0)		
Name o	f Monitoring	Firm Hired	by Building Owner	(8)	ASCM No.	Name	of Abateme	ent Contracto ent Servic	or (9) es, LLC		
						Street	Address				
Street A	ddress					443 6	choolhou	se Road			
		20-2				City S	State & Zip	Code			
City, Sta	ate & Zip C	ode	¥9= 8%			Monr	oe Towns	ship, NJ 08	831		
				elephone N	umber		none Numb		License	Number	
Project	Manager fo	or Monitoring	Firm	elebrione iv	ullibei		05-9062			00714	
		. (40)	Scheduled Comp	letion Date	(11)	Name	of OSHA N	/lonitor			
Schedu	led Start D 1/28/1	ate (10) 4	Scheduled Comp	1/28/14	(11)	Glob	al Abatem	ent Servic	es, LLC		
			ement (Check only	(one)		Street	Address				
	ancy Status	During Abai	During Entire Per	riod of Abate	ement	443 5	Schoolho	use Road			
X	Facility Cit	sed/vacated	Outside of Normal	Facility Hou	ırs -	City, S	State & Zip	Code			
	Abatemen	t Performed	Outside of Normal	-tacilly 1100	210	Moni	roe Towns	ship, NJ 08	831		
	Describe:	Area Isol	ated During Ab	atement	*	10000		,		AND DESCRIPTION	
	Other - De	escribe:									
Scope	of Work (C	heck all that	apply)				E.J.	Containment	with Negativ	e Pressure	
Coope	Demolition		X Renovation	n				Enclosure	Tilli i vogativ		
	Large Pro								ure		
x	Quantity is	s≥3 SF or≥	3 LF ACM					ebag Proced			
^	Quantity is	> 160 SF c	or ≥ 260 LF ACM					r: Non-fria	DIE	Abotor	nent Type
-	Qualitity I	Location of		Is Location	on		escription of		Amount	(Specifi	: Removal,
1	\ ab	estos-Contair	ning	Normally U			stos-Contail		(Specify		ncapsulation
	ASD	estos-Contail laterial (ACM) a	Solely by	y		iterial (ACN		Square Fee	or Fr	nclosure)
	- IV	BE ABATE	Ď l	Maintenand	ce or	(i.e., th	hermal syst	ems	Or Lincar Feet	199000000000000000000000000000000000000	,5,050,0)
	10	in Facility	2	Custodial S	taff?	insulatio	n, surfacing	g, VA I	Linear Feet	7	
		(13)		(12)		or othe	er miscellan	eous)			
		(13)					TSI Pipe		20 LF	Re	moval
		Basem	ent	N/A			131 Pipe				
		d \\(\lambda\)	ouler	NJDEP Wa	ste Hauler	ID#	Cu. Yds. c			egistered Lar	ndfill
Name	of Registe	red Waste H	aulei		18693			3	TRRF		
	eehold C	artage					Disposal [Date	City, State	5 <u>-</u> -0	
City, S	State	202					1/2	29/14	Tullytowr	ı, Pa	
Fr	reehold, N						Signature				Date
Comr	leted By (F	rint or Type)	Title				Oignature	/	·		1/27/1
ח	ominick T	ringali	Project	Manager			Dom	inick Tr	nngan		

Date of Notification (1) 1/23/14	(4			lame of l	Building Ov Rizzo	vner/O	perator	(2)		F	EΒ	3 20	4	d.		Ì
	ype Notification		1 -	Street Ad 395 Fe	dress rona Way	,			0						E	
EPA DEP DOL	Amended Amendment				e, Zip Code ord, NJ C)		· ·			9//		153	,	
DOH DCA	Emergency (justification)Cancellation	including		Name of Jimmy					#5	Tele	phone N	umber	-20-10			\neg
				FACIL	ITY INFOR	MATI	ON		c= 101 (4)							
Name of Facility Where Aba House	atement is Takin	g Place (3)			=			□ s	of Facility (4 chool (K-12	2)						
Street Address 190 Park Avenue								× o	ubchapter 8 ther (i.e. pr tc.)	ivate 8	comme	-12) rcial bui	lding	s, ho	omes	١,
City (5) Rutherford	\$3	57491						Square N/A	e Feet	# of N/A	Floors		3ldg. N/A	Age)	
County (6) Bergen				County C	ode (7) SE ONLY)			Currer	nt Use (Prio	r if beir	ng demol	ished)				
Name of Monitoring Firm Hi	ired by Building	Owner (8)		ASCM	No.				ement Cont		(9)					
Street Address	1643-164							Addres	s ren Aven	ue			250,41			
City, State, Zip Code			_				City, S	state, Zip								
Project Manager for Monito	ring Firm		1	Telephor	ne No.	-	Teleph	none No 345-86).		License #0067		-			
Ot-4 D-4- (40)		Schedule	d Com	nlotion F	Data (11)				A Monitor		#0007	5		_		
Start Date (10) 2/12/14		2/13/14		ipietion L	Date (11)		D&S	Abate	ement, inc). 	-					
Occupancy Status During A	Table Out Market	A						Addres	s ren Aven	ue						
Facility Closed/Vacate Abatement Performed Other – Describe: Oct	Outside of Norn	nal Facility	Hours	ent		20	City, S	State, Zi					-			
Scope of Work (Check All 7							1010	, , , , , , , , , , , , , , , , , , ,	0 01012					<u> </u>		-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	-	enovat emoliti				>	Min Glo	Containme i-Enclosure vebag Proc	edure						
	*					-		_l Nor	n-Exempted	(*) an	d Non-Fr	iable Pr			nent	
Tr.			Locati											Type		
Location o Asbestos-Containing M TO BE ABAT In Facility (13)	laterial (ACM) ED	Use Mai	lormali d Sole ntenar odial S (12)	ly by nce/	53	s Con hermal surfa	escription taining I I system icing, VA miscella	Material is insula AT, or		(5	mount Specify or LF)	Removal	Nepall		Encapsulate	Enclosure
basemer	nt .		X			nine	insula	ation	-	1	17 LF	x	+	$^{+}$		
Dasemer			^			pipe	, iliouic				., .,			+		
Name of Registered Waste	Hauler		l Ni	IJDEP W	laste	Cubic	Yards		Name of I	Registr	ered Lan	dfill				
D&S Abatement, Inc.	, idulei		H	lauler ID 20996	No.	of Wa	aste		Waste I				Λ.			
City, State Totowa, NJ				N.		Dispo	osal Date	Э	City, State Tullytov		Α	29				
Completed by Deanna Brkusanin		Title Proje	ct Ma	anager			Signatur		Rule	U DE	u	Date 1/23/	14	199		

e of Notification (1)					ng Owner/Op	perator (2	2)	T.		2 00	114	i -		
e of Notification (1)		1.5		Vanie					FEB	3 50	11/1		1	1
encies Notified	Type Notification		157	Address North	Road							:		1
EPA DEP	Initial Amended Amendment #_		City, Nutl	State, Zij ey, NJ	O7110				, - 1 h	one Numbe	11 - 4-	e, e comb	لــــــــــــــــــــــــــــــــــــــ	1
DOL	Emergency (inclination)	uding		e of Cont s Vanie				1	elepn	one Numbe	-			-
DCA	Cancellation				INFORMATI	ON								1
ame of Facility Where	Abatement is Taking P	lace (3)					Type of Facil	(K-12)	Other	than K-12)				
reet Address							Other (i	i.e. priva	ate & c	ommercial b	ouildings	s, hon	nes,	
57 North Road							Square Feet	•	# of F N/A	loors	Bldg. N/A	Age		
ity (5) Iutley			Cou	inty Code	e (7)		N/A Current Use			demolished	i)			
ounty (6) Ssex					ONLY)		House of Abatemen	t Contra	actor (9	9)				_
	m Hired by Building Ov	wner (8)	P	SCM No).	D&5	S Abatemer	nt, Inc.					_	_
N/A Street Address						11 F	t Address Rosengren		ie					_
City, State, Zip Code						City,	State, Zip Coo owa, NJ 07	de 512						
Project Manager for M	onitoring Firm		Te	lephone	No.	Tele	phone No. 3-345-8685			License No #00675				
Project Mariager for M		Scheduled	Compl	etion Da	te (11)	Nam	e of OSHA M	onitor						
Start Date (10) 2/07/14		2/08/14				7,000,000	S Abateme	ent, inc						
Occupancy Status Du	ring Abatement (Chec	k Only One)				11	Rosengren		ue					
Facility Closed/V Abatement Perfo	acated During Entire Formed Outside of Normal Occupied	Period of Abo nal Facility H	ours	m.		City	, State, Zip Co towa, NJ 0	ode 7512						
Scope of Work (Chec							П		ant sarith	n Negative F	Pressure	9		
× ≥3 sf or ≥3 lf			novati molitic				Mini-Er	nclosure	edure					
≥160 sf or ≥260	If						Non-E	xempted	d (*) ar	nd Non-Frial	ole Proc	edure		-
		Isl	ocatio	on								Abate Ty	ment	_
Asbestos-Contai TO BE In I	ation of ning Material (ACM) : ABATED Facility (13)	Used Mair	ormall Solel ntenar odial S (12)	y y by nce/	(i.e. the	rmal sys	otion of ng Material (A tems insulatio , VAT, or ellaneous)	CM) n,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
		Yes	No	N/A		nino inc	sulation		-	10 LF	x			T
bas	sement		X	-		pipe in	Sulation							I
		-									+	+	-	+
						0 LL 32	-do T	Name o	of Regi	stered Land	fill	_		1
Name of Registere			- 11	NJDEP V Hauler ID	No.	Cubic Ya of Waste				nagement			ń	
D&S Abatemen	t, Inc.		#	20996		TBD Disposal	Date	City, St	tate	DA.				
City, State Totowa, NJ	9 .				1.0	TBD	ndtůře	Tullyt	11	T.	Date			
Completed by		Title		ianage	_	0.9	Wearle	6.1	11.11	211	1/23/	14		

^{*} Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)			Marily	n Nube	g Owner/Op er		331				- - \		-	
gencies Notified	Type Notification		Street A	Address	Iside Plac	е						-	-	
	Initial Amended	-	City St	tate, Zip	Code			FE	3	3 2014	132			
DEF	Amendment #		Ridge	ewood,	NJ 07450)			Teleph	one Number				
_	Emergency (including instification)	ding	Name	of Conta yn Nub	ct er								i	
DOH DCA	Cancellation		IVIAIII	CILITY II	NFORMATI	ON		····· (4)			A	, sud	-	
	Abatement is Taking Pla	ce (3)	FA	OILI I I			Type of Fac							
lame of Facility vvnere / House	Abatement to 121110		W				School Subch	l (K-12) apter 8 (Other 1	than K-12)	ulldinge	hom	es.	
Street Address						1	Other etc.)	(i.e. priv	ate & c	Offittercial				1
36 South Hillside P	lace						Square Fee	et	# of F	loors	Bldg. A	Age	8	
City (5)							N/A		N/A	domolisher				1
Ridgewood			Cour	ty Code	(7)		Current Us House	e (Prior	if being	demolished	•)			1
County (6)				TE USE C			of Abateme	nt Contr	actor (9)				1
Bergen	m Hired by Building Own	ner (8)	AS	SCM No.	ž.	D&S	S Abateme	ent, Inc						1
N/A						Stree	t Address							
Street Address						11 F	Rosengrer		ue					_
50.500=2.0						City,	State, Zip C	ode 7512						
City, State, Zip Code							owa, NJ 0	1312		License No				
Project Manager for M	onitoring Firm		Tele	ephone N	No.	Tele	phone No. 3-345-868	5		#00675				_
Project Manager for W					- (11)	Nam	ne of OSHA	Monitor						
Start Date (10)	5	Scheduled 0 2/06/14	Comple	etion Dat	e (11)	D8	S Abatem	ent, in	c.			-		_
2/05/1/	100					Stre	et Address	n Ave	nue					
Occupancy Status Du	ring Abatement (Check	oriod of Ah	atemer	nt			Rosengre							
AL-tomont PAT	/acated During Entire Poormed Outside of Norma	al Facility H	lours			City	y, State, Zip o otowa, NJ	07512	. VI					
Other - Describ	e: Occupied													
Scope of Work (Che	ck All That Apply)			*			Full C	Containn	nent wi	th Negative	Pressure	•		
A second		H Re	novatio	on in				Enclosu ebag Pro		e		a di iro		
≥3 sf or ≥3 lf ≥160 sf or ≥260) If	L					Non-	Exempt	ed (*) a	and Non-Fria	ble Proc	Abate	ment	
		T	- antio	n								Ту		_
		N	Locatio ormally	<i>y</i> .		Descri	ption of	(ACM)		Amount			m	,
Loc	cation of lining Material (ACM)	Used	Solel	y by ice/	(i a the	ermal sv	ing Material stems insula	tion,		(Specify SF or LF)	Rem	Repair	caps	
TO B	E ABATED	Cust	odial S (12)	taff?		surfacing	g, VAT, or cellaneous)			SF 01 L1)	Removal	air	Encapsulate	
In	Facility (13)		(12)			UICI IIIIS	Concine						0	L
	<u> 24-4</u>	Yes	No	N/A		nine in	sulation		+	110 LF	Х			1
ba	sement		X			hihe ii	isulation.		+					1
									+					1
									+-			T		T
						0.11-11	/ords	Name	e of Re	gistered Lan	dfill			1
Name of Register	ed Waste Hauler			NJDEP V Hauler II		Cubic Y of Wast		Was	ste Ma	anagemer	t of PA			
D&S Abateme				#20996		TBD	15.4	1	State					
	ne well the see					Dispos	al Date	Tull	ytown	ı, PA				_
City, State Totowa, NJ		, 1945 <u>-19</u>					ignature	n /			Date	11		
Completed by		Title		/lanage	er	١	ighature	I lle	illes		1/23/	14		_
Deanna Brkus	anin	Pro	Ject II	na lage			A Marie	/					od ac	41-

NOTIFICATION OF ASBESTOS ABATEMEN I (Pursuant to NJAC 8:60 and 12:120)

Pancies Notified EPA DEP DOL DOH DCA DOA Type Notification Amended Amendment # Emergency (includin justification) Cancellation Cancellation Type Notification Amended Amendment # Emergency (includin justification) Cancellation Cancellation Type Notification Amended Amendment # Emergency (includin justification) Cancellation Cancellation Type Notification	e (3)	15 Bo City, St Millbu Name Marc	ate, Zip urn, NJ of Conta Adler	07041		Other (i. etc.)	ty (4) K-12) oter 8 (Other e. private &	Commercial b		home	s,	
DOH DCA Amendment # Emergency (includin justification) Cancellation ame of Facility Where Abatement is Taking Place louse treet Address 5 Bodwell Terrace Sity (5) Millburn County (6)	e (3)	Millbu Name Marc FAG	urn, NJ of Conta Adler	07041		School (Subchar Other (i. etc.)	ty (4) K-12) oter 8 (Other e. private &	than K-12)		home	5,	
DOH DCA Emergency (includin justification) Cancellation Emergency (includin justification) Cancellation Emergency (includin justification) Cancellation Energy (includin justification) Cancellation Emergency (includin justification) Cancellation Emergency (includin justification) Cancellation Emergency (includin justification) Cancellation Energy (includin justification) Cancellation Emergency (includin justification) Cancellation Emergency (includin justification) Cancellation Emergency (includin justification) Cancellation Emergency (includin justification) Cancellation Emergency (includin justification) Cancellation Emergency (includin justification) Cancellation Emergency (includin justification) Cancellation Emergency (includin justification) Cancellation Emergency (includin justification) Cancellation Emergency (includin justification) Cancellation Emergency (includin justification) Cancellation Emergency (includin justification) Cancellation Emergency (includin justification) Emergency (includin justification) Cancellation Emergency (includin justification) Emergency (includin justificatio	e (3)	FAG	Adler			School (Subchar Other (i. etc.)	ty (4) K-12) oter 8 (Other e. private &	than K-12) commercial b		home	s,	
ame of Facility Where Abatement is Taking Place louse treet Address 5 Bodwell Terrace Sity (5) Millburn County (6)		Coun	CILITY II	NFORMATIO		School (Subchar Other (i. etc.)	K-12) oter 8 (Other e. private &	Commercial b	uildings,	home	ıs,	
louse treet Address 5 Bodwell Terrace Sity (5) Millburn County (6)		Coun				School (Subchar Other (i. etc.)	K-12) oter 8 (Other e. private &	Commercial b	uildings,	home	:S,	
5 Bodwell Terrace Sity (5) Millburn County (6)	er (8)	Coun				etc.)						
Millburn County (6)	er (8)	Coun			- 1	Square Feet	# of N/A	Floors	Bldg. A	ge		
County (6)	er (8)	Coun		30		N/A		g demolished)			1
Eccov	er (8)	(SIA	ity Code	(7) ONLY)		House						1
	si (0)	LAS	SCM No.		Name	of Abatemen	Contractor	(9)				
Name of Monitoring Firm Hired by Building Owne N/A					Stree	Abatemer t Address						
Street Address					11 F	Rosengren	Avenue					-
City, State, Zip Code					City,	State, Zip Coo owa, NJ 07	te 512					
		Tele	ephone N	No.	Tele	phone No. 3-345-8685		License No #00675				
Project Manager for Monitoring Firm			ation Dat	re (11)	Nam	ne of OSHA M	onitor					
Start Date (10) Sc 2/11/14 2/	cheduled (Comple	ellon Dat		100000000000000000000000000000000000000	S Abateme	nt, inc.					_
Oppurancy Status During Abatement (Check O	nly One)				11	Rosengrer	Avenue					_
Facility Closed/Vacated During Entire Peri	and of Ana	atemei	nt	-	City	, State, Zip Cotowa, NJ 0	ode					_
Other – Describe: Occupied							*:					
Scope of Work (Check All That Apply)		novatio				X Mini-F	nclosure	vith Negative F	Pressure			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ De	molitio	n			Glovel Non-F	pag Procedu xempted (*)	re and Non-Frial	ble Proc	edure		_
	T	Locatio	n I			LI NON'E			-	Abate	110111	_
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	ormaliy d Solely ntenan odial S (12)	y by ice/	(i.e. the	Containi rmal sys	ption of ing Material (A stems insulation g, VAT, or cellaneous)	cM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	r.
(,	Yes	No	N/A		nine in	sulation		210 LF	X			1
basement		X		-	pipe ii	iodidii v				_	_	+
	-	-	+						-	+	\vdash	+
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Date of Notification (1/27/14		1	Name of E City of	Building Co Patter	wner/O	perator (2)		FF.	-	20	1.4	37		
Agencies Notified	Type Notification		1.15%	Street Add					- FE		7(1	14			
XEPA	XInitial Amended			City State	e, Zip Coo	ie.			_						-
XDOL	Amendment #		_ Ì	Patters	on, N.	J. 075	05								
X DOH	Emergency (justification)	ncluding	Na	ame of Co	ontact	Kath	leen Easton		Tele	nhone l	Numb	er			
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name of Facility Where residence	Abatement is Taking	Place (3)					1 1 1	School (K-12	2)		(40)				
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County (6) Passaic				County C	ode (7) SE ONLY)		Cu	rrent Use (Prio sidence	r if beir	g demo	olished	d)		·0	
Name of Monitoring Fit N/A	rm Hired by Building (Owner (8)		ASCM	No.		Name of A Tricon	batement Con Enterprises	tractor ((9)					
Street Address							Street Add	ress ers St	- N						
City, State, Zip Code							City, State Keyport	, Zip Code : N.J. 0773	5						
Project Manager for M	onitoring Firm		T	Telephon	e No.		Telephone 732-739	No.		Licens 0109	se No. 95				
Start Date (10) 1/29/14		Scheduled		pletion D	ate (11)		Name of C	SHA Monitor							
Occupancy Status Dur	in a Abatament (Char						Street Add	Iress	-						
X Facility Closed/Va	cated During Entire F rmed Outside of Norm	eriod of Ab	ateme	ent		_		, Zip Code	*						-
Scope of Work (Check	(All That Apply)									_					
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City, State 5900 Sylon Blvd. Hair	nesport, N.J. 08036	*				Dispo 2/6/ 1	osal Date 14	City, Stat Tullytowr	te n,P.A.				0		
Completed by James Mahoney	у	Title Project	man	ager			Signature	Mako	201	1	Dat 1/2	e 7/14		11	
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* Do not use this form for asbestos licensure exempted activities.

ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1/27/14			Name of I City of	Building of Patte	Owner/O erson	perator (2))	EED		2014	1		
Agencies Notified	Type Notification		1000	Street Ad 55 Marke				11	-FE3	÷	2014		e e	
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Project Manager for Mor	nitoring Firm			Telephon	e No.		Telepho 732-7	ne No. 39-1200		Licens 0109	e No.)5			
Start Date (10) 2/4/14		Schedule 2/10		pletion D	ate (11)		Name of n/a	OSHA Monitor						
Occupancy Status Durin	g Abatement (Chec	k Only One	:)				Street A	ddress						
X Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norm	nal Facility I	Hours				City, Sta	te, Zip Code						
Scope of Work (Check A	II That Apply)													
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Project Manager for Mo	onitoring Firm		7	Telephone	e No.		Teleph 732-	one No. 739-1200		License N 01095	lo.			
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Statewide Contracting January 28, 2014 Agencies Notified Type of Notification Street Address PO Box 42 [X] EPA Initial Notification FEB DEP 1 Amended Notification City, State, Zip Code [x] DOL Amendment # Basking Ridge, NJ 07920 [x]Emergency (including justification) Name of Contact Telephone Number [x] DOH Cancellation [] Gary Novello] DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (k-12) Subchapter 8 (other than k12) Street Address Other (i.e., private & commercial buildings, [x]1865 Lookout Drive homes, etc.) Bldg. Age City County (6) County Code (7) Square feet # of Floors (STATE USE ONLY) 1320 sf 1 47 Current Use (Prior if being demolished) Toms River Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. N/A Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 License Number Project Manager for Monitoring Firm Telephone Number Telephone Number 732-349-9932 00624 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) E.M.S.L. Analytical 01/29/2014 01/31/2014 Street Address Occupancy Status During Abatement (Check only one) 1056 Stelton Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure [] >3 sf or ≥3 lf Renovation Glovebag Procedure [x]Demolition [x] Non-Exempted (*) and Non-Friable Procedure [x] ≥160 sf or ≥260 lf Abatement Type Is Location Description of R R E E Location of Normally used Asbestos-Containing Amount E N N E Asbestos-Containing Material (ACM) Solely by Material (ACM) (Specify SF P C C M TO BE ABATED Maintenance/Custodial (i.e., thermal systems or LF) L A A 0 0 insulation, surfacing, P in facility Staff V S S VAT, or (13)(12)U TI A other miscellaneous) I. R YES NO N/A L E 1250 sf X X Asbestos siding Exterior Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste T.R.R.F. Guardian Contracting, Inc. 20223 Disposal Date City, State City, State Toms River, New Jersey 02/03/2014 Tullytown, Pennsylvania

Signatur

Date

1/28/2014

Completed by (Print or Type)

Nicholas Fernicola

Title

Project Manager

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Project Manager for Monitoring Firm		77	Telephone	No.	Telep	hone No. -333-88			License No 01174				
9	Scheduled (Com	pletion Da	ate (11)	Nam	e of OSHA	Monitor						
2-6-2014	2-6-2014					ne as ab							
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P Abatement Performed Outside of Norms Other – Describe:	eriod of Aba	atem	nent		City	State, Zip	Code						_
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Waste Management			003488		2 Disposal I	Date	City, St						-2700
City, State Coraopolis,P.A.					2-7-201	4	Morris			Date			
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Print Form

^{*} Do not use this form for asbestos licensure exempted activities.



CK 3885

Date of Notification (1) 1/29/14	Na A	ame of B	uilding Own D'alessan	er/Operato dro Priva	r (2) ate Home	е			F.		7	
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County (6) Ocean		County Co	ode (7) SE ONLY)		Current		if being demo	lished)				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM	No.		ne of Abate		ractor (9)			•		
Street Address					et Address Box 329			· ·				
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Project Manager for Monitoring Firm	- 17	Telephon	e No.	Tele	ephone No. 6-753-98		Licens 0072					
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Brae McCun		Bree McGuire					*	Do not use	this for	III IOI GOL				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Toon +. Street Address Type Notification Agencies Notified City, State, Zip Code Initial J EPA Amended 20/ma DEP Amendment # Telephone Number DOL Emergency (including Name of Contact justification) SG DOH Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address etc.) Bldg. Age # of Floors Square Feet 504 City Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) mmercia County (6) Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Ace Insulation Co., Inc. Street Address 95 Montrose Road Street Address City, State, Zip Code Colts Neck, N.J. 07722 City, State, Zip Code License No. Telephone No. Telephone No. 00029 Project Manager for Monitoring Firm 732-294-1757 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours JAM-Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation Mini-Enclosure ≥3 sf or ≥3 lf Demolition Glovebag Procedure ≥160 sf or ≥260 If Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Description of Normally Amount Asbestos Containing Material (ACM) Encapsulate Used Solely by Location of Remova Asbestos-Containing Material (ACM) (Specify (i.e. thermal systems insulation, Maintenance/ SF or LF) Custodial Staff? surfacing, VAT, or TO BE ABATED other miscellaneous) In Facility (12)(13)N/A Yes No 300 LF nasament Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste I.E.S.I. Hauler ID No. 12086 Ace Insulation Co., Inc. City, State Disposal Date Bethlehem, PA City, State Colts Neck, New Jersey Signature Completed by Secrutary Treasurer

Bree McGuire

Date of Notification (1)			N	ame of	Building	Owner/Operator ((2) The Heller Gro	aun				
	31/14			treet A	ddress			FEB	3 ;	2014		7
Agencies Notified	Type Notification Initial		-				PO Box 700			.017	_	= -
EPA DEP DOL	Amended Amendment #_ Emergency (incli	udina	0	City, Sta	te, Zip Co	de M	adison, NJ 07	940		-	•	_
DOH DCA	justification) Cancellation		_	lame of	Contact	hris Hricko		Telephone Number			_=	=-
				FACIL	ITY INFO	RMATION						\dashv
Name of Facility Where Street Address	Abatement is Taking Madison Plaza	Place (3 - Sag	ges P	ages			Type of Facility (School (K-12) Subchapter 8 Other (i.e., pr) Il buildir	ngs,		
	306 Mai	n Stre	eet				homes, etc.) Square Feet	# of Floors		g. Age		\dashv
City (5)	Madison,	NJ 07	7940				3500	2		60		=
County (5)	Morris			County USE C	y Code (7 ONLY)) (STATE		or if being demolis Retail Store	nea)	_	_	_
Name of Monitoring Firm		wner		SCM N	o.	Name of Abaten Stev	nent Contractor (9) vens Environn	nental Service	es, Inc).		_
Street Address						Street Address		Sox 322				
	PO Box 341		_			City, State, Zip C	Code					7
City, State, Zip Code	rosswicks, NJ (8515					Allentown	n, NJ 08501			_	=
Project Manager for Mo	onitoring Firm		Telep	ohone N	lo. -4070	Telephone No. (609) 2	59-9688	License No.	0493			_
William Start Date (10)	Weisgarber Sched	uled Co	_	ion Dat		Name of OSHA	Monitor	DOG.				
1/31/14		2	2/4/1			Street Address		ECS		_	_	=
Occupancy Status Dur	ing Abatement (Checated During Entire Per	k only of	one) Abater	ment			PO E	341		_	_	_
☐ Abatement Perform ☐ Other - Describe:	ed Outside of Normal	Facility	/ Hour	s		City, State, Zip		wicks, NJ		_		_
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)		novati molitio			☐ Mini-E	ontainment with Ne nclosure bag Procedure xempted (*) and Ne		ıre			
		ls l	ocatio	on		None	Xomptou ()			bater Typ		
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Stevens Enviro	nmental Service			18.	474	Disposal Date	_	Tullytown				
	Allentown,					2/4/14 Signature	th//	Date			-	-
Completed By Mahlon E. S	Stevens	e P	rojec	ct Ma	nager	111			1/3	1/14		_

Date of Notification (1)			Name Ed C	of Buil Genoir	ding Owner no Private	Operator (2)	3890				1	
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Street Address						PO	t Addres Box 32	29					_
City, State, Zip Code					٧.	We	st Berli	ip Code in NJ 0809		,			_
Project Manager for N	Monitoring Firm			lephone		856	ohone N -753-9	9800	License N 00727				_
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						Stre	et Addre	!SS	43				
Abatement Perf	ormed Outside of Norn	Period of Aba nal Facility H	atemer ours	nt		City	State, 2	Zip Code	W				
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		Yes	No	N/A			T::-		400 SF	x	-		-
Thr	oughout			X		Floor			300 SF	×	-		+
Exter	ior Siding			X		Exterior	siding		330 5.				+
Name of Pogietore	d Waste Hauler			IJDEP V		Cubic Yar	ds	1	f Registered Land	dfill		<u> </u>	1
Name of Registered Waste Hauler Hauler ID						of Waste		G.R.O					
Officed Cornain								UIIV. OI	ale				
City, State						Disposal 2/7/14	Date	City, Sta Morris	ville PA 1906	7 Date			_

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Date of Notification (1) 1/31/14			Ro	me of Bi obert A	uilding Owr Abecker F	Private H	or (2) ome						-	
Agencies Notified	Type Notification	140	-	eet Add)4 Albe				0.5	FEB	3 20)14			
EPA DEP DOL	Initial Amended Amendment #		Cit	y, State, anaha	, Zip Code wkin NJ (08050						•	1	
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Name of Facility Where Robert Abecker Pr Street Address	Abatement is Taking ivate Home	Place (3)						of Facility (4) School (K-12) Subchapter 8 Other (i.e. pri) (Other	than K-12) al buildir	ngs, h	omes	
104 Albert						1.0	12.24	etc.)				g. Age		\dashv
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County (6) Ocean	88		Co (S	ounty Co	ode (7) SE ONLY)		Hor	i i i i i i i i i i i i i i i i i i i			ea)			25
Name of Monitoring Fire	m Hired by Building C	wner (8)		ASCM	No.		me of Aba ernaco I	atement Conti Inc.	ractor ((9)		2 • 0		
Street Address		-				,	eet Addre					01		
City, State, Zip Code								Zip Code Iin NJ 0809	91					
Project Manager for Mo	onitoring Firm		T	elephon	e No.	Те	lephone l	No.	7.	License N 00727	0.			
Start Date (10)		Scheduled	d Com	pletion D	Date (11)		66-753- ime of OS	SHA Monitor		00121				
2/3/14		2/7/14					ame						_	
Occupancy Status Dur						Sti	reet Addr	ess						
Facility Closed/Va Abatement Perfor	acated During Entire I rmed Outside of Norn :	period of A nal Facility	Hours	ent ———		Cir	ty, State,	Zip Code						
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti					Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	e cedure				e :	
		Is	Location	on								Abate Ty		
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												-	-	-
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Elm NJ						2/7/14		Morris	ville F	PA 19067	Date			
Completed by Anthony T Perna		Title Pres	ident			Sig	nature			100	1/31/1	4		

	NOTI	FICAT	ION OF	ASBESTOS	ABATEM	ENT		Check # 2	2351			=	ᅴ
oject#	(Pursu	ant to N	IJAC 8:60 an	nd 12:120)					1	5		1
(1)		Nam	ne of Bu	ilding Owner/	Operator ((2)		107		100			0.00
ate of Notification (1)				University			115 14			_		<u> </u>	•
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DOH justification) Cancellation		Sar	n Liu	*					_			-	-
DCA Cancellation		1	FACILIT	Y INFORMA	TION		(F: !!b. (4)						-
Name of Facility Where Abatement is Taking F	lace (3)					Туре	e of Facility (4)						
loboken Medical Center							School (K-12	Other than	K-12)				
Street Address							Other (i.e. pri	ivate & comm	ercial b	uilding	gs, ho	mes	1
08 Willow Avenue							etc.)				. Age		_
						Squ	are Feet	# of Floors		Diug	. Age	25	
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ludson		(S	rate us	E ONLY)				(0)				-	
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Project Manager for Monitoring Firm		Te	elephon	e No.		ohone			se No.				
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Start Date (10)	2/24/20				J& 5	S En	vironmenta	ıl				_	_
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			nt				22 West						_
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm					City	State	, Zip Code						
Describe: Area non occu	Dicu, i a	Some	y oper	1	Unio	on , l	NJ 07083						_
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City, State Randolph, NJ 07869					TRD		Tullyto	own, Pa					_
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Elvira Mrda	1100	uoni				, , ,	10						

Elvira Mrda

NOTIFICATION OF ASBESTOS ABATEMENT

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	n (1)									9 9		. :	-100
1-28-14									_	- 1/			
Agencies Notified []EPA	[X]Initial					den Street		F	EB	3 /	2014		
[]DEP	Notifi	cation	City	, Stat	e, Zi	p Code	70						
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[X] DOH	NOTILI	Cation					Telephone	Number .	,	1			
[]DCA	[]EMERGEN	ICY	Jo	anne	≥ Kl	.ein							
	[]Cancell	Lation				TATION OF TON							
		t is mak	ing Pl			INFORMATION	Type of Facili	ty (4)	_				
Same as above		t is lac			<i>*</i>		[]Subchapt	er 8 (Oth	rate 8	COM	ner-		
							Square Feet	# of Flo	oors			re	
City (5		County	(6) Es	ssex			1600 Current Use (2 Prior if 1	eing			ed)	
						brome of Abat	ement Contracto	(9)				-	
Name of Monitoring Owner (8) N/A	Status During Abstract (10) Sched. Completion Date (11) Part Each Completion Date (11) Part Part Part Part Part Part Part Part												
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2-7-14		2-10	-14			. 11							
a Chatas I	miring Abatem	ent (Che	ck on	ly one)	Street Addre	ess						
[]Abatement	Performed Out	ours Desc	cript»			City, State	, Zip Code						
				-	-		1 Contributor N	th Negat	ve Pi	essu	re		
[X]>3 sf	or >3 lf					[]Min	i-Enclosure vebag Procedure						
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7	Agency Notified Type Notification Agency Notified Type Notification Amended Amended Amended Amended Amended Amended Amended ODCA Concellation	City, State, Zip C HARRI Name of Contact HR J C	SON R	AUE :	Telephone Man	· ·	
H		FACILITY INFO	DRILATION .	Type of Facility	(4)		
	Name of Facility Where Absternant is Taking Place (3) Street Address 506 CENTRA AUE	:		D School (K-12)	(Other than K-1) vale & commerci	Bldg. An	le .
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The second second	Project Manager for Monthaling Faint	hone No.	Telephone No.	38×7560	Linense No.		-
The same of the sa	Start Date (10) Scheduled Completion 3 07 U	-	NOUALE Street Address	30x 811	ψ <u>.</u>		
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	BASEMENT D'HOOR APT KIRCHEN EXERVER SIDING FRONT	X 9X°	FLOOR I	SUATION	Z 100 Z 130	JE. 15/F 5/F	X
	Name of Registered Waste Fauta / DN No. 100 No.	18561	Cubic Yards of Waste O	G.R	2.0.00.	S. PA	· i:
,	Completed by Title	8857 NT form for asbestos	Signature Comp	L ASTA	ed.	Date	29/14

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te of Notification (1)				LLC Eng	Julees	**************************************	Papi of Heal	HIT-CASTINGT	ACTION.			
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lame of Facility Where Abatement is Taking Place	(3)				1				2 2	Λ1.A	- 1	
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County (6)		STAT	re use o	P(LV)				r)				
Essex	(8)	AS	CM No.		Nem	ADSIGNATION	ent Contractor (70				
Name of Monttoring Firm Hired by Building Owner	(-)	n/	la		Loz	inica Man	agement Co					1
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n/a ·		w			City	State, Zip C	2008 2010/025	•			700	
City, State, Zip Code					Lir	icoun Pank	, NJ 07035	License No	•			
2/2		Tele	aphone N	lo.	Teh	sphone No.	=n	01193			0.02000	
Project Manager for Monitoring Firm		n/s			97	3-706-79	Diamiles		-			٦
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Loznica Management Corp			00331	37	TBD	eal Date	City, State					
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City, State Lincoln Park, NJ 07035						Signaturo			Date		•	
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	1-29-74	Name of	Building Owner/Oper	alor (2)	FFR	3	2014		
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	Amendment	City, State,	∠IP Code		Toll L	4	19 71		
	DOH Emergency (including	1	Med	14 PA					
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AND DESCRIPTION OF THE PERSON				6	1		3. 1		
-	Name of Facility Where Abatement is Taking Place (3)	FACILITY	INFORMATION						
1	Street Address Kesident			Type of Facility	y (4)		_		
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1	County (6) Clean City			Square Feet	# of Floo			ldg. Age	
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I	Name of Monitoring Firm Line 4	USE CHILY)		Current Use (P)	tor it being d Lesids	emolis	hed)		-
-	Street Address	ASCIM No.	Name of Abatem	ent Contractor (9)	- 14	nl	_		
THE PERSON	AUGU AGURSS		Street Address	105 6	20				
	City, State, Zip Code		12/2	Bustin	- Lu	An			=
-			City, State Zm Co	da d					_
Ĭ	Project Manager for Monitoring Firm Telepi	hone No.	- Der	enco.	NJ	080	75		
	Short Data (On		Telephone No.	97/	License No		_		=
	2-8-14 Schemiled Completion	in Date (11)	Name of OSHA Mo		_010	27	0		_1
	Compancy States During About			Self.					
		nt	Street Address			==		==	-
	Abatement Performed Outside of Normal Facility Hours Other - Describe:	F	City, State, Zip Code						
	Scope of Work (Check all that apply)		,,, 2p 000g						4
Ш	7-3 stersin		Псла						
Ц	Renovation		☐ Mini-Enclosu	meni with Negativ ne	e Pressure				1
II			Glovebag Pr	ocedure ed (*) and Mon-Fri					1
	Is Location Normally			- CALL ROOF-FR	able Proced				4
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	IN Facility Custodial	1 force 115	Containing Material (armal systems insulat	• C	enount				1
l	(13)	1 5	urfacing, VAT, or her miscellaneous)		Specify For LF)	B	Z.		1
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N	me of Registered Waste Hauler						\top	\forall	
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Cit	y, State	of y	Vaste 3	VM of	1				
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B-4			- James		Date		1	=	
-	* Do not use this form for	ashort- E	C)		1-28	-19			
1	John IQF	CONTRACT NOR	rsure exempted activ	vities.					

Check # 9414

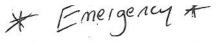
ate of Notification (1)	ry 29, 2014		Name of I	Building Over Bank, N	vner / Operator (2)			1 ['	4
	Notification		Street Ad							
gencies Notified Type	Notification	2								.1
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3000	Amended	- 1	Whiting,	NJ 08759			40		47	,
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			FACI	LITY INF	ORMATION					
ame of Facility Where Al	patement is Taking Pl	ace (3)			Type of Facilit					
antander Bank					School (I		V 12\			
treet Address					Subchap	ter 8 (Other than I	n-12)	home	etc)
08 Lacey Road						e., private & co	mmercial buildings,	Age	, 0.0.	,
00 2200)					Square Feet	# of Floo	ors Blug.		10	
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Ocean				ASCM No	Name of Aba	tement Contractor	(9)			
lame of Monitoring Firm	miled by building Owl	1101 (0)			Synatech, In	c				
Street Address					Street Addres					
600 Route 22 East, Ste	. 107				829 Radio R City, State &					
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Jnion, NJ 07083		Tole	ephone N	umber	Telephone N		License Numb			
Project Manager for Moni	toring Firm		-686-263		609-296-691	ŝ		00817		
Brian Nemetz Scheduled Start Date (10	Scheduler	Completio			Name of OSI	HA Monitor				
February 8, 201	,	Marcl	n 9, 2014		Synatech, In				_	
Ossumanou Status During	Abatement (Check of	only one)			Street Addre					
Facility Closed	/acated During Entire	Period of A	batemen	t	829 Radio R					
	ormed Outside of Nor				City, State &					
Abatement Perfo					Little Egg H	arbor, NJ 08087				
							40000			
	d During Abatement					12/2				
Scope of Work (Check a	li that apply)					Full Containmer	nt with Negative Press	ure		
			Renovatio	n.	×	Mini-Enclosure				
\ge 3 sf or \ge 50 lf			Demolitio		F	Glovebag Proce	edure			
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Location	on of	Is Locati	on Norma y Mainter	ance or	Asbestos-		Amount (Specify	1		
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Storage Area				x	Floo	r Tile	140 SF	- ^		
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	eta Harriar	NJDEP	Waste	Cubic Y	ards of Waste	Name of Regi	stered Landfill			-
Name of Registered Wa	iste mauler	Hauler I	D No.			Grows Landi	FILE			
Synatech, Inc.		2	7429	2	1 Dete	City, State				
City, State				Disposa	ii Date	City, Glate				
	00007			March	10, 2014	Morrisville, F	PA			
Little Egg Harbor, NJ	08087			0:			Date			
Completed By	Title			1	vane al	0	January 20, 2044			
1	1	ıtive Admir		1 6	Mary III.	0 12	January 29, 2014			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

County (6)		_									
8	Initial Amended Amendment #		City S	300	ode		08243			=	-
□ рон	justification)	duding	Name	of Contac	1 -			r			
	·		FAC	ILTY INF	ORMATION						_
RE	FSIDENCE					School (K-12 Subchapter in Subchapter in Sub	?) 8 (Other than K-12) rivate & commercial	buildin	gs.		
Cirv (5)	^	Lani						Bldg	Age		_
County (6) ~	CEAN ()	<u> </u>	Cour	ny Code () (STATE	Current Use (Pr	ior if being demolish	ned)			_
		wner		-	17 10						_
8) <u> </u>	U/A				Street Address						=
	*				City, State, Zip C	ode		08 05	77		=
	onitoring Firm	,.Те	lephone	No	Telephone No.		License No.	14	_=		_
Start Date (10)	Scheo	uled Comp	letion Da	ite (11)			Enm			_	=
2/7/14	in Abatement (Che	k only one	114			S. Spr	20c= 100;				_
Facility Closed/Vac	and Durana Fatte Pe	1100 01 200	Cilioni				HODE N.	J.0	80	5	-
	(all that apply)	□ Panov:	alion		Mini-Er	nciosure	egative Pressure				
≥3 s1 or ≥3 lf ≥160 s1 or ≥260 lf		Demoti	tion		Glovet Non-E	pag Procedure xempted (*) and N	Ion-Friable Procedu	re A	baten		S. Burney
Asbestos-Containing TO BE AB IN Fact	g Matenal (ACM) NATED Birty	Normal Used Sol Mainten Custod Staff	silly ety by ance/ dial	Asbe (i.e	stos Containing M., thermal systems	aterial (ACM) s insulation. T, or	(Specify	Removal	Repair	Encapsulate	
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517	ina		X	1_1	RANSITE		2407				1
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of Pagistaren V	Vaste Hauler		NUDEP	Waste		Name of Re	gistered Landfill	۵.			
KLOMCO	INC,		175	104	Disposal Date	City, State	OFBING	NJ			
City. State	E SIANI		5,5		Signature	1/0	Date	128	125		
Completed By	KIEMM -	V	15			or feli					

	N	OTIFICAT (Pursu	ION OF A ant to NJ.	SBESTOS A AC 8:60 and	12:120	MENT)	Cho	-4-4	7	7	00	F
Date of Notification (1)		Nam	e of Build	ng Owner/O	perator	(2)	Ci e	00 +	do	10	3	
1/30/14			OSei	n St	rem	Pek		FFR		3 2	11/1	
Agencies Notified Type Notification	on	Stree	et Address	0- (٠ ٦٠.			1.1.1)		2	114	
EPA Initial Amended		City	State, Zip	Code	01	DOU H	<u> </u>			3333		
DOL Amendme		_ 51.5) D(i		-KO	1 201.	Jose	2.4		Nie		i
DOH justification	cy (including n)	Nam	e of Conta		NIC.	Inco	Tele	phone Ni	ımher			
DCA Cancellati	on		او									
Name of Facility Where Abatement is Tal	cing Place (3)	F/	ACILITY II	NFORMATIC	N	Time of Cariti	-					
Strempek Res	si den					Type of Facili						
Street Address					\neg	School (I Subchap	ter 8 (Other	r than K-1	2)			
311 madism	re				1	Other (i.e	e. private &	commerc	ial bui	lding	s, hon	nes,
Social Care				85		Square Feet	# of	Loors	T	Bldg.	Age	
County (6)		Coun	ty Code (7			4000		7		6	5	_
WOUNT MY		(STAT	E USE ON	ln	_	Current Use (F		g demolis	hed)			
Name of Monitoring Firm Hired by Buildin	g Owner (8)	AS	CM No.	7.1	Name o	RUS C	contractor (9)				
Street Address				(3)	Ace Ir	nsulation Co	o., Inc. `	-,				
Street Address				- P	Street A	3 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)						
City, State, Zip Code						ontrose Roa	ad			1 52		
						ite, Zip Code Neck, N.J. (17722					
Project Manager for Monitoring Firm		Telepi	none No.		Telepho			icense N	^			
						94-1757	(2.5)	00029	u.			
Start Date (10)	Scheduled		n Date (1	1) 1	Name of	OSHA Monito	or					255 - VA
Occupancy Status During Abatement (Che	ack Only One	1 119	_		N A							
Facility Closed/Vacated During Entire	Period of Ah	atomont		3	Street A	ddress						
Abatement Performed Outside of Nor Other – Describe:	mal Facility H	ours		-	City, Sta	te, Zip Code						
	4h. 1			_								
Scope of Work (Check All That Apply)	2											
≥3 sf or ≥3 If ≥160 sf or ≥260 If	Taraba and the same of the sam	novation nolition				Full Contains	nent with N	egative P	ressui	e		
7		TORBOTT			4	Mini-Enclosu Glovebag Pro	ocedure					
	T					Non-Exempte	ed (*) and N	ion-Friabl	e Prod	edur	e	
Location of	Nor	cation mally		Danasi							ement	i
Asbestos-Containing Material (ACM) TO BE ABATED		Solely by enance/	Asbe	stos Contain	iption of ing Mat	erial (ACM)	Amo	unt				
In Facility	Custod	ial Staff?	(i.e	thermal sys surfacing	stems in	sulation,	(Spe	cify	Re	Z.	Enca	En
(13)	(12)	_	other misc	cellaneo	us)	SF or	LF)	Removal	Repair	Encapsulate	Enclosure
	Yes N	lo N/A							<u>a</u>		ate	Гe
basement		\times	Do	OUXG	0		300	F	W			
		1	16.15		-		000		-			
									-			-
									-	-	-	
Name of Registered Waste Hauler		NJDEP V		Cubic Yar	ds	Name of	Registered	Landfill				
Ace Insulation Co., Inc.		Hauler ID 12086	NO.	of Waste		I.E.S.I.						
City, State				Disposal D	Pate	City, Stat						
Colts Neck, New Jersey		(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		2/14	13 (19 h)		nem, PA					
Completed by Bree McGuire	Title	7 Tees		Signa	-	1	-	Date	1	1	20.	_
	Secrutal	y Treasu	ırer	1 .15	W C	m.	/	1 1	127	110	_	- 1



NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

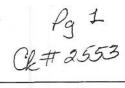
CK 3888

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Date of Notification (1)			Car	mden C	ing Owne ity Publi	c Sch	nools	s 	1 11	auf f		(F)	- 1		-
Agencies Notified	Type Notification			et Addres	ss nt Street	:		200 200 200 40		ED.	3 2014				1
EPA DEP DOL	Initial Amended Amendment #_		City	, State, Z mden N	ip Code IJ 08102	2		# ## = ## = ## = ## = ## ## ## ## ## ##	,	LU					
	Emergency (inc	luding	Nan	ne of Cor	ntact					Telep	hone Numbe	r :		1	
DOH DCA	justification) Cancellation		1	eve Nic				1				-		1	-
		21 (2)	F	FACILITY	INFORM	ATION	\neg	Type of Fa	acility (4)						7
Name of Facility Where Whittier Elementar Street Address	y School Class Ro	oom 35					_		ool (K-12) chapter 8	(Other	than K-12) commercial l	ouilding	s, ho	mes,	3
8th and Chestnut	Streets					= 19		etc.)			Floors	Bldg	. Age		1
City (5) Camden NJ 08102								1000+		2+		35+			4
County (6)			Co (S1	unty Cod	e (7) ONLY)						g demolished	1)			
Camden Name of Monitoring Fire	m Hired by Building O	wner (8)	\perp	ASCM N	0.			of Abatem		ractor ((9)				
N/A					1		\$ 335	naco Inc.			+				\dashv
Street Address								t Address Box 329							
1						-+	City,	State, Zip (Code						
City, State, Zip Code								st Berlin	NJ 080	91	License No				_
Project Manager for M	Ionitoring Firm		Te	elephone	No.		856	phone No. 3-753-980			00727				
Start Date (10)		Scheduled 2/3/14	Comp	oletion Da	ate (11)		Nam	ne of OSHA me	Monitor						
1/31/14	iring Abatement (Chec					-	Stre	et Address							
Facility Closed/	/acated During Entire Formed Outside of Norme: night & Weekend	Period of Ab	ateme	ent			City	, State, Zip	Code						
Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf or ≥260	k All That Apply)		enovat				8.9	Mini-	Enclosur	e cedure	h Negative F e nd Non-Friat			<u> </u>	
												1	Abate Ty	ment	
Asbestos-Contai	ation of ning Material (ACM) : ABATED Facility (13)	Used	ocationmall Sole otenar odial S (12)	ly ly by nce/	Asbest (i.e.	os Con therma surfa	itainir Il syst acina.	tion of ng Material tems insula , VAT, or ellaneous)	(ACM) tion,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	- N/A	Yes	No	N/A					- 2		200 CF	-	-		-
Class	Room 35					Flo	or Ti	ile only		-	800 SF	x	-	-	+
										-		-	+	-	+
										-		-	-	-	-
-													1_		
Name of Registere				NJDEP V Hauler ID 22459		14 (17 7 67 20 3)	ic Yaı /aste		G.R.C		stered Land	ni			
City, State						Disp 2/4/		Date	City, S Morri	tate sville	PA 19067				
Completed by		Title	iden	ıt			Sigr	nature			Jis.	Date 2/ (130	14	
Anthony T Perr	ia	1 100	.,,									WES - E.S.			

* Emergency

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Ene	erger	ncy	NOTIF	ursua	ILIT TO 1	407.0	STOS ABA			K	388	6			1	
ate of Notificat	tion (1)			Alb	ert Sr	nermai	wner/Opera n (Private	ator (2) Home	e)	11		E			1	
/30/14 gencies Notifie		pe Notification		Stre 22	et Add West	ress Alaba	ıma			— 	EB 3	2014			1	
		Initial				71- 00		8008			57CCCCC	2014			+	
EPA DEP DOL		Amended Amendment # Emergency (include	ling	Lo	ng Be	Contact	WP 140 GG			*	Telepho	one Number	1.1		4	
	-	justification)		AI	bert			N			<u></u>				7	
DCA			20 (3)		FACIL	ITY IN	ORMATIO		Type of F							
Name of Facil	lity Where Al	patement is Taking Pla vate Home)	(UE (U)						Sch Sub Oth	ool (K-1 chapter	8 (Other to	than K-12) commercial bu	ildings, h	omes		
Street Addres							9		etc.	.)	# of F		Bldg. Ag	е		
22 West A	Nabama								Square 1		1.5	1	35+		\dashv	
City (5)	ich Twp N	J 08008			County	Code (7)		Current	Use (P	rior if being	g demolished)				
County (6)		-		18	STATE	USE OF	vĹY)		Home of Abate	ment C	ontractor ((9)				
	- :- Firm	n Hired by Building Ow	mer (8)		ASC	M No.		Peri	naco Ind	O						
Name of M	onitoring Fire							Stree	Box 32	G Q		1				1
Street Add	ress							City	State 71	o Code						1
31-10-10	e, Zip Code							We	st Berli	n NJ U	8091	License No				1
					Telep	phone N	lo.	Tele 85	ephone N 6-753-9	o. 1800		00727				4
Project M	anager for M	onitoring Firm				Date	(11)	Nai	me of OS	HA Mor	itor					
Start Date	e (10)		Schedu 2/5/14	iled C	omplet	ION Date	- (1 1 /	100000	ame	200						
1/31/14	4	uring Abatement (Chec	k Only	One)					eet Addre							-
Occupar	ncy Status Di	Vacated During Entire	Period (of Aba	tement ours	t.		Ci	ty, State,	Zip Coo	ie					_
I Ah	atement Peri her – Describ	Ulliloa -											Ďeuro			
		ck All That Apply)		12000	-41-				1 1 1	Mini Fn	closure	with Negative	Pressure	63		
F=1 -0	of or >3 If		×	Rer Der	novatio molitio	n				Gloveba	ag Procedi	ure and Non-Fri	able Proc	edure	nt	_
X 2	160 sf or ≥26	O If							×	Non-Ex	emploa		1	Abate Ty	ment pe	
				No	ocatio ormally Solely	/	Asbesto		cription of ining Mat	יתו ומוזפ	CM)	Amount (Specify	Rer	Repair	Encapsulate	Eliciosais
As	sbestos-Cont	ocation of caining Material (ACM) BE ABATED n Facility		Mair	ntenan odial S (12)	ice/	(i.e. th	nermai s	systems in ing, VAT, iscellane	or		SF or LF)	Removal	pair	sulate	
		(13)		Yes	No	N/A	1	Exte	rior Sidi	ng	3	1500 SF	х	-	+	+
	Ext	erior Siding				X	-						-+-	+	+	+
-					-	+	-		energy Greens					+	+	1
					+-	+	1			т	Name of	Registered La	andfill			_
-		- Heylor			1	NJDEP	Waste	Cubi of W	c Yards aste		G.R.O.	w.s.				e de la constante de la consta
Na	me of Regist nited Conta	ered Waste Hauler Liners				Hauler 22459	ID No.	3	osal Date		Cto		067			
Cir	ty, State							2/5/			Morris	VIIIO 17110	Date)/14		
7115520	m NJ			Title		nt	33		/	X						-
A	ompleted by nthony T F	Perna		Pr	eside				* 00	not use	this form	for asbestos I	icensure	exem	pted a	C



Start Date (10) 1		Name o	of Building	Owne	er/Operator (2	2)							
Agencies Notified □ EPA □ DOLWD □ DHSS □ DCA (NJAC 5:23-8) □ Cancellation □ Location of Marke Jenkins □ Distributed Exercised Exercised Statement (Check only one Philadelphia, PA 19153 □ Project Manager for Monitoring Firm ■ Mark Jenkins □ Date Marke State During Abatement (Check only one Facility Closed/Vacated During Entire Period of Abstement Performed Outside of Normal Facility Time of Abatement: 7:00 AM-3:30 PM □ Distributed State St		Veri	zon				**						
	gencies Notified EPA			Address		When the second							
	encies Notified EPA DOLWD DHSS DCA (NJAC 5:23-8) Image: Part of Facility Where Abatement is Taking Place of Verizon Market CO reet Address BS William St BY (5) Newark DUSA Environmental Management reet Address B436 Enterprise Ave BY, State, Zip Code Philadelphia, PA 19153 Deject Manager for Monitoring Firm Mark Jenkins Bart Date (10) Image: Part of Monitoring Pirm Mark Jenkins Bart Date (10) Image: Part of Jac July Jenkins Bart Date (10) Image: Part of Jac July Jenkins Bart Date (10) Image: Part of Jac July Jenkins Bart Date (10) Image: Part of Jac July Jenkins Bart Date (10) Image: Part of Jac July Jenkins Bart Date (10) Image: Part of Jac July Jenkins Bart Date (10) Image: Part of Jac July Jenkins Bart Date (10) Image: Part of Jac July Jenkins Bart Date (10) Image: Part of Jac July Jenkins Bart Date (10) Image: Part of Jac July Jenkins Bart Date (10) Image: Part of Jac July Jenkins Bart Date (10) Image: Part of Jac July Jenkins Bart Date (10) Image: Part of Jac July Jenkins Bart Date (10) Image: Part of Jac July Jenkins Bart Date (10) Image: Part of Jac July Jenkins Bart Date (10) Image: Part of Jac July Jenkins Bart Date (10) Image: Part of Jac July Jenkins Bart Date (10) Image: Part of Jac July Jenkins Bart Date (10) Image: Part of Jenkins Bart Date (10) Ima		15 E	ast Mon	tgom	ery Place,	Lower Level				100-000		
	12		City, St	ate, Zip C	ode								
	encies Notified EPA DOLWD DHSS DCA (NJAC 5:23-8) Emergency (including justification) Cancellation Cance		4	Pitts	burgh, F	PA 15	212						
	encies Notified EPA DOLWD DHSS DCA (NJAC 5:23-8) Type Notification Initial Amended Amendment #3-1/30/ Emergency (including justification) Cancellation To accellation To ac			Name	of Contact				Telephone Nu	ımber			
	Type Notification Type Notification			Anth	nony Por	rta							
	ncies Notified PA DOLWD DHSS DCA NJAC 5:23-8) Type Notification Initial Amended Amended Amendement #3-1/3 □ Emergency (includin justification) □ Cancellation The of Facility Where Abatement is Taking Place erizon Market CO set Address SWilliam St (5) Ewark Inity (6) SSEX The of Monitoring Firm Hired by Building Owner SA Environmental Management Set Address 436 Enterprise Ave The State, Zip Code Thiladelphia, PA 19153 Set Manager for Monitoring Firm Set Manager for Monitoring Firm Set Date (10) The Date (10) The Date (10) The Date (10) Scheduled Type of Work (Check all that apply) PATTE 1/30/14 - 2/4/1/19 Page of Work (Check all that apply) Sa sf or ≥3 if Pattern State The Company State State The Company State State The Company State State The Office State The Company State The Office Sta					FORM	MATION						
Name of Facility Where Abatement is Ta	encies Notified EPA DOLWD DHSS DCA (NJAC 5:23-8) Imme of Facility Where Abatement is Taking Plate Address By Werizon Market CO reet Address By William St By (5) Newark By (6) Essex Imme of Monitoring Firm Hired by Building Owner By (7) By (8) By (8) By (8) By (9) By (1)							Type of Facility ((4)			1,447	- %-
	12							☐ School (K-12)				
Street Address	gencies Notified GEPA							Subchapter 8	(Other than K-	·12)	.:اما:،		
						×	Other (i.e., pr homes, etc.)						
City (5)							Square Feet	# of Floors	В	dg.	Age		
Newark													
County (6)			Coun	ty Code (7))(STATE	E USE ONLY)	Current Use (Pri	ior if being dem	olished)			200	
Essex							Office						
Name of Monitoring Firm Hired by Buildi	vner (8	3)	ASCM I	No.	Nam	e of Abateme	ent Contractor (9)			VA-1E			
USA Environmental Managemen	interpretation int					BF	RISTOL EN	VIRONMENTAL	L, INC.				
						Stree	et Address						
8436 Enterprise Ave						11	23 BEAVE	R STREET					
	ty, State, Zip Code Philadelphia, PA 19153 oject Manager for Monitoring Firm					City.	State, Zip Co	ode					
	Philadelphia, PA 19153 roject Manager for Monitoring Firm					0.000	RISTOL, PA						
•	Tele	ephone I	No.		phone No.		License No.						
	roject Manager for Monitoring Firm Mark Jenkins tart Date (10) Scheduled Co				-5810		5-788-6040	e e e	00509				
	roject Manager for Monitoring Firm Mark Jenkins art Date (10) Scheduled Co					S	e of OSHA N				-	7.77	
The state of the s	Philadelphia, PA 19153 roject Manager for Monitoring Firm Mark Jenkins art Date (10) Scheduled County Sc					0.00000		VIRONMENTAI	L, INC.				
Occupancy Status During Abatement (C	treet Address 8436 Enterprise Ave ity, State, Zip Code Philadelphia, PA 19153 roject Manager for Monitoring Firm Mark Jenkins tart Date (10) 1 / 2 / 14 2 ccupancy Status During Abatement (Check only Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Time of Abatement: 7:00AM-3:30PM/ SFF SITE 1/30/14 - 2/4/15 cope of Work (Check all that apply)					Stree	et Address						
☐ Facility Closed/Vacated During Entire	cupancy Status During Abatement (Check only Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility					11	23 BEAVE	R STREET					
	1 / 2 / 14 2 ccupancy Status During Abatement (Check only Facility Closed/Vacated During Entire Period o Abatement Performed Outside of Normal Facil					City,	State, Zip Co	ode					
Time of Abatement: 7:00AM-3:30PI		_	AM	3/5/14		RISTOL, PA							
Scope of Work (Check all that apply)	4	117	- KF	FIURN	appli								
☐ Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Time of Abatement: 7:00AM-3:30PM/ SEF SITE 1/30/14 - 2/4/14 Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 If ☐ ≥160 sf or ≥260 If ☐ December 19 ☐ December 29 ☐ Decem							tainment with Neg closure g Procedure empted (*) and No						
Scope of Work (Check áll thát apply)		ls	Loca	ition	Ι						nate	ment	Туре
≥3 sf or ≥3 lf		N	orma	ally			Description of	of			_		
Asbestos-Containing Material (ACM)	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM)				Asbe	stos C	Containing Ma	aterial (ACM)	Amount	Removal	Vehall	Lincapsulate	Enclosure
	Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)				(i.e	e., then	mal systems urfacing, VAT	insulation,	(Specify SF or LF)	ova	=	. la	Sul
		Vaa	(12)				er miscellane			-		100	e e
11 th FL AC equipment room	Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes 1th FI. AC equipment room			N/A	Floor ti	le and	d mastic		1820 SF		te] [1
					Floor ti	le and	d mastic		45 SF	×	+	1 [-
				+=-		200000000000000000000000000000000000000	d mastic		35 SF	×	T] [
5 th FI. AC equipment room				+	Floor ti	le and	d mastic		85 SF	×	E] [
		TI	NJDEP \	Vaste	Cubi	ic Yards of	Name of Regis	stered Landfill					
9 th FI. AC equipment room 6 th FI. AC equipment room Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. City, State NEW CASTLE, DE 19720				Hauler II 20990		Was		MINERVA	LANDFILL				
					y	Disp	osal Date	City, State WAYNESE	BURG, OH 44	688			
	## FI. AC equipment room treet Address Response						Olevet	,,,,,,,,,,,		Date			
1						2	Signature -	0 n. 1.	0	/	_	1.1	
Brian Scafiro	Amended Amendment #3-1/30/14 □ DCA (NJAC 5:23-8) □ Emergency (including justification) □ Cancellation Cancellation □ Canc		10-44-2		Drean e	Scafino/1		1/3	0/	14			

ASB-41 PD 13137

^{*} Do not use this form for asbestos licensure exempted activities.

1g 2

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Ck# 2553

Date of Notification (1)			N	lame	of Building	Own	er/Operator (2	2)						
/	13			Veri	zon									
Agencies Notified Type Notifica	tion		S	treet	Address									
☑ EPA ☑ Initial				15 E	ast Mon	tgon	nery Place,	Lower Level						
☑ DOLWD ☑ Amended		2014.4	C	ity, S	tate, Zip C	ode								
☑ DHSS Amendme ☐ DCA ☐ Emergence	The state of the s			Pitts	sburgh, F	PA 1	5212							
(NJAC 5:23-8) justification		ing	N	lame	of Contact				Telephone No	umber	2			
☐ Cancellati				Anti	hony Por	ta								
				FAC	ILITY IN	FOR	MATION		•				_	
Name of Facility Where Abatement is T	aking Pla	ace (3)			1000			Type of Facility ((4)		-			
Verizon Market CO								School (K-12						
Street Address								☐ Subchapter 8☑ Other (i.e., pr	(Other than K	-12) mercia	l bui	ildina	c	
95 William St								homes, etc.)	ivate and com	neroia	Du	lullig	٥,	
City (5)								Square Feet	# of Floors		Blo	lg. Ag	je	
Newark														
County (6)				Coun	ty Code (7)	(STA	TE USE ONLY)	Current Use (Pri	or if being dem	olishe	d)			
Essex								Office						
Name of Monitoring Firm Hired by Build	ing Own	er (8)	AS	SCM I	No.	Nan	ne of Abateme	ent Contractor (9)						
USA Environmental Manageme	nt					В	RISTOL EN	VIRONMENTAL	_, INC.					
Street Address						Stre	et Address							
8436 Enterprise Ave						1	123 BEAVE	R STREET						
City, State, Zip Code						City	, State, Zip Co	ode						
Philadelphia, PA 19153						В	RISTOL, PA	19007						
Project Manager for Monitoring Firm		Te	eleph	none l	No.	Tele	phone No.		License No.					- 80 111
Mark Jenkins			215	-365-	-5810	2	15-788-6040	E.	00509					
Start Date (10)	chedule	Comp	oletio	n Dat	te (11)	Nan	ne of OSHA M	lonitor						
1 / 2 / 14	2	. / _	14	_ / _	14	В	RISTOL EN	VIRONMENTAL	_, INC.					
Occupancy Status During Abatement (C	Check on	ly one)				Stre	et Address				A-11-1			
☐ Facility Closed/Vacated During Entir						1	123 BEAVE	R STREET						
Abatement Performed Outside of No					cribe	City	, State, Zip Co	ode						
Time of Abatement: 7:00AM-3:30P					2/5/14	В	RISTOL, PA	19007						
Scope of Work (Check all that apply)	1 /	,		<u> </u>	111				_					
☐ >3 sf or ≥3 lf	M	Renov	ation	,				tainment with Neg	ative Pressure					
⊠ ≥160 sf or ≥260 lf		Demol					☐ Glovebag	g Procedure						
							☐ Non-Exe	mpted (*) and No	n-Friable Proce	edure				
		Is Loc	cation nally				D				Aba	ateme	ent T	уре
Location of Asbestos-Containing Material (ACM		Jsed S	olely	by	Asbes	stos (Description of Containing Ma		Amount		Re	Repair	Enc	En
TO BE ABATED		Mainte ustodi	01007700000	727 50		, the	rmal systems	insulation,	(Specify		Removal	oair	aps	Enclosure
IN Facility (13)			2)	aii:			urfacing, VAT, ner miscellane		SF or LF)		<u>a</u>		Encapsulate	le le
(13)	Ye	es N	lo	N/A		O.	ici iiiioooiiaiio	000)					e	
6th th Fl. AC equipment room]		Pipe fitt	ing i	insulation		5 LF		\boxtimes			
5 th Fl. AC equipment room]		Valve in	sula	ation		2 LF		\boxtimes			
6 th Fl. Machine Rm (#4/5 Elevator	s) 🗵]		VAT/Ma	stic			350 SF		\boxtimes			
11th Fl. Machine Rm (#7/8 Elevato	rs 🛭]		VAT/Ma	stic			440 SF		\boxtimes			
Name of Registered Waste Hauler			0.0717.151		Vaste	25000000	ic Yards of	Name of Regis	tered Landfill					
SERVICE TRANSPORT GROUP	, INC.			uler ID	A CONTRACTOR OF THE PARTY OF TH	Was	ste	MINERVA	LANDFILL					
City, State				0990		Disc	osal Date	City, State						======
NEW CASTLE, DE 19720							AND PROPERTY OF THE PROPERTY OF		URG, OH 44	688				
Completed By (Print or Type)	Title						Signature			Date	7		0,0	- 7
Brian Scafiro	1 900 3000	nator					B	Scapiro 1	1-0			1/	4	
Dilaii Scalii S	Loui	natol	179				Krean	scapero/	n	1		//	/	

ASB-41 MAY 11 PP 13 13 7

^{*} Do not use this form for asbestos licensure exempted activities.

Pg 3 Cl# 2553

Date of Notification (1)		10,000		Nam	ne of Build	ing Owner/Operator	(2)					
//	13	3			erizon							
Agencies Notified Type Notifi	cation			Stre	et Address							
				15	East Mo	ontgomery Place,	Lower Level	3				
☑ DOLWD ☑ Amende		0 4 10	014.4	-	State, Zip							
☐ DHSS Amendr						, PA 15212	ř.					
DCA Emerge (NJAC 5:23-8) ustifical		iciuuli	ıg		ne of Conta			Telephone Nun	nher			-
☐ Cancella	20.5			A	nthony P	orta		, ciopiiono real	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		ille		FA	ACILITY	NFORMATION						
Name of Facility Where Abatement is	Taking	g Plac	e (3)				Type of Facility	(4)		1556-	5,50,000	
Verizon Market CO		+					School (K-12)				
Street Address							☐ Subchapter 8	Other than K-1: ivate and comme	2) ercial h	wildir	nae	
95 William St				<u></u>			homes, etc.)	reace and comme	oroiar b	dilaii	iys,	
City (5)							Square Feet	# of Floors	E	Bldg. A	Age	
Newark												
County (6)				Cou	inty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)			
Essex							Office					
Name of Monitoring Firm Hired by Bui		Owner	(8)	ASCN	l No.	Name of Abatem	ent Contractor (9)				5000-	
USA Environmental Managem	ent					BRISTOL EN	VIRONMENTAL	_, INC.				
Street Address				1		Street Address						
8436 Enterprise Ave						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C						
Philadelphia, PA 19153						BRISTOL, PA	19007					
Project Manager for Monitoring Firm				lephone		Telephone No.		License No.	540			
Mark Jenkins					5-5810	215-788-6040)	00509				
					ate (11)	Name of OSHA N						
////		2.53	1000	4_ /	14	BRISTOL EN	VIRONMENTAL	., INC.				
Occupancy Status During Abatement (Street Address				1-10-		
☐ Facility Closed/Vacated During Ent☐ Abatement Performed Outside of N	ire Per	riod of	Abat	ement	515579 W 1025	1123 BEAVE	R STREET					
Time of Abatement: 7:00AM-3:30	PM/	P	M-	AM		City, State, Zip Co	ode					
CFF SITE 1/30/14-2/4/1	14 -	RET	TURI	V 2/	5/14	BRISTOL, PA	19007		19			
Scope of Work (Check all that apply)					,	M Euli Cont	roinmont with No.	tion December	8			
≥3 sf or ≥3 If			enova			☑ Mini-Enc	ainment with Nega losure	ative Pressure				
≥160 sf or ≥260 lf		☐ De	emolit	ion			Procedure					
		Is	Loca	ation		□ Non-Exe	mpted (*) and Non	-Friable Procedu			in mice or	
Location of		1	Norm	ally		Description o	f			_	ent T	ype
Asbestos-Containing Material (ACM	A)			lely by ance/		estos Containing Ma	terial (ACM)	Amount	Ren	Repair	Enc	E
TO BE ABATED IN Facility			todial	Staff?	(1.6	e., thermal systems i surfacing, VAT,		(Specify SF or LF)	Removal	air	aps	Enclosure
(13)	ł	V	(12		-	other miscellane		Or Or Er y	<u>m</u>		Encapsulate	ITE
11 th Fl Machine Rm (# 6 Freight B	Flov	Yes	No		-				-	_	_	L
12 th Fl Machine Rm (#2/3 Elevato					VAT/M			220 SF				
12th Fl Machine Rm (#2/3 Elevato	-			4	VAT/M:			1,000 SF				
Mechanical Room	-				VAT/Ma			200 SF				
					Fittings			25				
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP	INC		100	NJDEP I Hauler II	(C-3)	Cubic Yards of Waste	Name of Registe					
	, 1140	•		20990)		MINERVA L	ANDFILL				
						Disposal Date	City, State					
City, State							I WAYNESBL	IRG, OH 44688	₹ .			
NEW CASTLE, DE 19720						La constant de la con		, 011 7 7000				
	Title	timat				Signature	1 1. 2	Da			,	

ASB-41 MAY 11 PD /3/37

^{*} Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)				Na	me of Buil	ding Owner/Operator	· ·					
12 / 1	6 / _	13			/erizon	ung Owner/Operator	(2)	1)			ow), a 10000	
⊠ EPA	ype Notificati	on			eet Addres							_
	Amended			Cit	, State, Zi	Iontgomery Place	, Lower Level					
☑ DHSS	Amendmen											
(NJAC 5:23-8)] Emergency justification		ling			h, PA 15212						
	Cancellation			100000	me of Cont inthony i	A STATE OF THE STA		Telephone Nu	mber			
						INFORMATION						
Name of Facility Where Abar	tement is Tal	king Pla	ace (3)		ACILITY	INFORMATION	T=					
Verizon Market CO		•		Maria Maria			Type of Facility	135				
Street Address							School (K-12	(Other than K-1	2)			
95 William St							Other (i.e., pr	ivate and comm	ercial	buildi	ngs,	
City (5)							homes, etc.) Square Feet	4 -6 51				
Newark							Square reet	# of Floors	1	Bldg.	Age	
County (6)				Co	unty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if hoins do-				
Name of Manitoring Circulting	J. 5 99					() () ()	Office Office	or it being demo	lished)		
Name of Monitoring Firm Hire			er (8)	ASC	M No.		ent Contractor (9)					
USA Environmental Ma Street Address	inagement						VIRONMENTAL	, INC.				
						Street Address						200000
8436 Enterprise Ave						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C	ode					_
Philadelphia, PA 19153 Project Manager for Monitorin						BRISTOL, PA	19007					
Mark Jenkins	g rim		10000	lephone		Telephone No.		License No.				
Start Date (10)	Tool		- 4		5-5810	215-788-6040		00509				
1/_2_/_14	4 Sche				ate (11) 14	Name of OSHA M						
Occupancy Status During Aba							VIRONMENTAL	, INC.				
☐ Facility Closed/Vacated Du	ring Entire D	ariad a	one)			Street Address						
Abatement Performed Outs	ide of Norma	al Facil	ity Ho	ire - De	scriba	1123 BEAVE	Activities and an activities and					
Time of Abatement; 7:00A	M-3:30PM/		PM	AN		City, State, Zip Co						
OFF SITE 1/3/14 Scope of Work (Check all that						BRISTOL, PA	19007					
] ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		⊠ R	enova emolit	tion ion			ainment with Nega osure Procedure npted (*) and Non-					
1			s Loca Norma				T	· Habie I Ioocaa				
Location of Asbestos-Containing Materi	al (ACM)	Us	ed Sol	ely by	Aaba	Description of			_	patem	т —	Ť
TO BE ABATED	, ,	Ma	ainten	ance/ Staff?	(i.e	estos Containing Mat e., thermal systems in	erial (ACM)	Amount (Specify	em	Repair	nc	CICOSOTE
IN Facility (13)		Cus	(12)			surfacing, VAT,	or	SF or LF)	Remova	1	psu	2
		Yes	No	N/A	1	other miscellaneo	us)		1-		Encapsulate	a
1 th Fl. AC equipment room	n				Floor ti	le and mastic		1820 SF				Ļ
oth FI. AC equipment room	n	×			Floor ti	le and mastic		45 SF		10		
FI. AC equipment room		×			Floor ti	le and mastic		35 SF		1		-
FI. AC equipment room		×			Floor til	le and mastic		85 SF				
ame of Registered Waste Hau				JDEP V		Cubic Yards of	Name of Register				П	느
SERVICE TRANSPORT G	ROUP, INC). 	Н	auler ID 20990		Waste	MINERVA LA					
y, State				80 80 8		Disposal Date	City, State				_	
NEW CASTLE, DE 19720							WAYNESBU	RG, OH 44688				
mpleted By (Print or Type)	Title		energe-			Signature		/ Dat			_	
Brian Scafiro	E	stimat	or				Scofers 1	1.0	1/3	1,,	/	
41		-				Juna	Justino 1	1	1/3	119	*	

* Do not use this form for achaetos liganous.

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<u>rg. 2</u> Ch# 2537

Date of Notification (1)				I Ale	(D 11									
	1	13		143	one or Buil Verizon	iding O	wner/Operator	(2)						
Agencies Notified Type I	lotification	on												
⊠ EPA ⊠ Init		on			reet Addres								_	_
☑ DOLWD ☐ Am				0	W JSSS CI	Hontgo	mery Place	, Lower Level						
	endmen		_		y, State, Z									
DCA Em	ergency	(includ	ling		Pittsburg		15212							
	cellation			1	me of Con				Telephor	ne Num	ber			
					Anthony I	A THUMBUS CALL								
Name of Facility Where Abateme	nt is Tak	ing Pla	nce /3	F	ACILITY	INFO	RMATION							
Verizon Market CO			(5)					Type of Facility (4						
Street Address								School (K-12) Subchapter 8	(Other 4)	14				
95 William St					*			Other (i.e., pri	vate and	an K-12 Comme	() rcial	huildi	nne	
City (5)								homes, etc.)				001101	193,	
Newark								Square Feet	# of Flo	ors	T	3ldg.	Age	
County (6)				10										
Essex				0	ounty Code	€ (7)(STA	TE USE ONLY)	Current Use (Prio	r if being	demolis	hed)			
Name of Monitoring Firm Hired by	Duilding		- (0)					Office						
USA Environmental Manag			er (8)	ASC	M No.	Na	me of Abatem	ent Contractor (9)			-	_		
	ement					8	RISTOL EN	VIRONMENTAL	INC.					
Street Address						Stre	eet Address							
8436 Enterprise Ave					TO TO SERVICE	1	123 BEAVE	R STREET						
City, State, Zip Code						City	, State, Zip C	ode						
Philadelphia, PA 19153						В	RISTOL, PA	19007						
Project Manager for Monitoring Fir	m		Te	lephon	e No.	Tele	ephone No.		License	No				
Mark Jenkins					5-5810	2	15-788-6040		00509					
Start Date (10)					Date (11)	Nan	ne of OSHA N	onitor	0000,					
1 / 2 / 14	-	1_	/ _1	7 /	_14_	1 335		VIRONMENTAL,	INC					
Occupancy Status During Abateme	nt (Che	ck only	one)			_	et Address							5000
☐ Facility Closed/Vacated During	Entire Po	eriod o	f Abat	ement		100000	23 BEAVER	CTDEET						
☐ Abatement Performed Outside	of Norma	I Facili	ity Ho	ırs - De	scribe		State, Zip Co							
Time of Abatement: 7:00AM-3:	30PM/_	F	PM	AN	A		RISTOL, PA							
Scope of Work (Check all that apply	1)						tio iot, i'A	19007						
≥3 sf or ≥3 lf		Ø p.	enova	A1			☑ Full Conta	inment with Negat	ive Pressi	ure				
⊠ ≥160 sf or ≥260 lf			emolit	ion			MINI-End	osure						
								npted (°) and Non-F	riable Dr	oo dure				
			Loca		T			7.57 (7.5.10.17)	Hable Fit	Joedure	-			
Location of Asbestos-Containing Material (A	Chav		Norma	ally ely by			Description of				_	atem	ent T	
TO BE ABATED	CIVI)	Ma	ainten	ance/	Asbe	estos C	ontaining Mate nal systems in	erial (ACM)	Amour	**	Rer	Rej	En	E
IN Facility		Cus	CONSER!	Staff?	(1.0		rfacing, VAT,		(Specif SF or L		Removal	Repair	de	Enclosure
(13)		Yes	(12) No	N/A	1	othe	r miscellaneo	us)	OF UIL	5)	=		Encapsulate	ure
6th th FI. AC equipment room		×			Dina 64	411							0	
5 th FI. AC equipment room			-	+-	-		sulation		5 LF					
71. AC equipment room		×	므		Valve in	nsulat	ion		2 LF		\boxtimes			
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lame of Registered Waste Hauler		-507		JDEP \		Cubic	Yards of	Name of Registere	ed Landfill			_	_	Щ
SERVICE TRANSPORT GRO	JP, INC	: .	H	auler II 20990		Waste		MINERVA LA					92	
ity, State						Dispos	sal Date	City, State						
NEW CASTLE, DE 19720							NAME OF THE PARTY	WAYNESBUR	6 UL 4	4600				
ompleted By (Print or Type)	Title	_				Te	ignature .		U, Un 4			100		
Brian Scafiro	Es	timat	or			3	ignature .	Icafiro /-	- 0	Date		1	-0 50-c	
			٠.				Drian	scafero 1-	1X	1 12	1/10	ha		1

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) \$\frac{\partial_{g}}{2537}\$

Date of Notification (1)				T	Name of Bu	uilding Owner/Operato	(2)		<u> </u>			_
			-		Verizon		/					
	lotificati	on		1	Street Addr	ess						
☑ DOLWD 505 8 ☐ Ame					15 East	Montgomery Place	. I ower Level					
	ended endmen	f slt		1	City, State,	Zip Code	, LOWEL LEVEL					
□ DCA □ Eme	ergency	(inclu	dina			gh, PA 15212						
(143AC 5:23-8) Just	fication))	,5	P	Name of Co	entact		Telephone N				
☐ Can	cellation	<u> </u>			Anthony	Porta		I sebuone M	umber			
Name of F. III. 188					FACILIT	Y INFORMATION		<u> </u>				_
Name of Facility Where Abatemer	nt is Tak	ing P	ace (3))			Type of Facility (A)				
Verizon Market CO							School (K-12)					
Street Address							Subchapter 8	(Other than K	-12)			
95 William St							Other (i.e., pri homes, etc.)	ivate and com	mercial	build	lings,	
City (5)							Square Feet	# of Floors				
Newark							Odosie reet	* 01 F100FS		Bldg.	Age	
County (6)				-	County Cod	le (7)(STATE USE ONLY)	Current Lice /Pric	Se Michaelan I				
Essex							Office Office	i being dem	olished)		
Name of Monitoring Firm Hired by	Building	Own	er (8)	AS	CM No.	Name of Abatem	7-10-10-10-10-10-10-10-10-10-10-10-10-10-					
USA Environmental Manage	ement						VIRONMENTAL	INO				
Street Address						Street Address	VINORMERIAL	, INC.				
8436 Enterprise Ave						1123 BEAVE	DOTDEET					
City, State, Zip Code						City, State, Zip Co						
Philadelphia, PA 19153						BRISTOL, PA						
Project Manager for Monitoring Firm	1		Te	lepho	ne No.	Telephone No.	19007				200000	
Mark Jenkins			1 2	215-3	365-5810	215-788-6040		License No.		(A) 547		
tart Date (10)	Sche	duled	Comp	letion	Date (11)	Name of OSHA M		00509				
1 / 2 / 14					/ 14		/IRONMENTAL,	1010				
ccupancy Status During Abatemer						Street Address	TROMMENTAL,	INC.				
Facility Closed/Vacated During E	ntire Pe	eriod o	f Abate	emen	•							_
Abatement Performed Outside of	Norma	Facil	ity Ho	ire . F)acariba	1123 BEAVER						
Time of Abatement: 7:00AM-3:3	0PM/_		PM	A	M	City, State, Zip Co						
cope of Work (Check all that apply)						BRISTOL, PA	19007					
						☑ Full Conta	inmont with he	· comment of the comm		_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		⊠ R	enovat emoliti	lion		Mini-Enclo	inment with Negat	ive Pressure				
_ 100 St 0 100 ti			emonu	on		⊠ Glovebag	Procedure					
		1	s Loca	tion		□ Non-Exem	pted (*) and Non-F	riable Proced	ure			
Location of			Norma			Description of			Al	atem	ent T	уре
Asbestos-Containing Material (AC TO BE ABATED	IM)	Ma	ed Sole eintena	ely by ince/	ASD	estos Containing Mate	rial (ACM)	Amount	R	R	m	0
IN Facility		Cus	todial	Staff?	(i.	e., thermal systems in surfacing, VAT, o	sulation,	(Specify	Removal	Repair	Cal	200
(13)	1		(12)	1	-	other miscellaneou	ıs)	SF or LF)	<u>8</u>		Encapsulate	Enclosure
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h FI. AC equipment room		\boxtimes			Floort	ile and mastic		1820 SF	10	-	_	-
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			=	-		ile and mastic		35 SF	X			
FI. AC equipment room						le and mastic		85 SF	×		러	
ne of Registered Waste Hauler		11			Waste	Cubic Yards of	Name of Registere			u	<u> </u>	Ц
ERVICE TRANSPORT GROUP	P, INC.			auler (2099)	D No.	Waste	MINERVA LAN					
			1 6	-623		Disposal Date						
State						DISDOSBITIES						$\overline{}$
State EW CASTLE, DE 19720						Disposal Date	City, State	0.00				
	Title					Signature	WAYNESBUR	G, OH 44688	1			

CR# 2537

Spendis Notified Type Notification Sinst Address Steet	Date of Notification (1)	1	13		N	Verizon	uilding Owner/Opera	tor (2)	Cie ii W				_
Second Cancellation	Agencies Notified ☐ Type N ☐ EPA ☐ Initi ☐ DOLWD ☐ Ame	lotificat al anded	tion			treet Addr	ess Montgomery Plac	ce, Lower Level					_
Arthony Porta FACILITY INFORMATION Verizon Market CD Street Address 95 William St County (6) Essex Name of Monitoring Firm Hired by Building Owner (6) USA Environmental Management Street Address Satist Enterprise Ave City, Size, Zip Code Philadelphia, PA 19153 Project Manager for Monitoring Firm Telephone No. 215-788-6040 215-788-6040 County Clause of Monitoring Firm Telephone No. 215-788-6040 215-788-6040 County Clause of Status During Abstement (Check only one) Facility Closed/Vacated During Entire Period of Abstement of Abstement Performed Outside of Normal Facility Hours - Describe Timer of Abstement T.20(AM-3):39PM Amager of Monitoring Material (ACM) Assession Ontaining Material (ACM) IN Facility IN Facil	DCA Emerican	ergency	y (inclu	ding	N	Pittsburg	Zip Code gh, PA 15212 ntact			Number			_
Type of Facility (4) School (6-12) Schoo	LI Call	Cellatio	on										
Street Address Street Street Street Street Street Street Street Street Street S	Name of Facility Where Abatemer	of in To	leia a D			FACILIT	Y INFORMATION		_				_
School (K-12) School (K-12	Verizon Market CO	11 13 18	King P	iace (3)			Type of Facility	(4)		_		_
South County Co	Street Address							School (K-1	2)				
County (6) Square Feet S	95 William St							Other (i.e.	8 (Other than	K-12)	والمرااء	!! .	
County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Street Address 8436 Enterprise Ave City, State, Zip Code Philadelphia, PA 19153 Project Manager for Monitoring Firm Mark Jenkins 215-385-5810 Interest County Code (7)(STATE USE ONL Y) Restrict Address 8436 Enterprise Ave City, State, Zip Code Philadelphia, PA 19153 Project Manager for Monitoring Firm Telephone No. 215-385-5810 Interest Address Street Address BRISTOL, PA 19007 Telephone No. 215-788-8040 00509 Street Address Street Address Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Telephone No. 215-788-8040 00509 Street Address Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 BRISTOL ENVIRONMENTAL, INC. Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 BRISTOL ENVIRONMENTAL, INC. Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 BRISTOL ENVIRONMENTAL, INC. Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 BRISTOL ENVIRONMENTAL, INC. Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 BRISTOL ENVIRONMENTAL, INC. Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Abstreement Prionment Quitide of Normal Facility Hours - Describe BRISTOL, PA 19007 Abstreement Type Interest Type Int	City (5)							homes, etc.	.)	umercia	DUNC	ings,	
County (6) Essex County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)	Newark							Square Feet	# of Floors		Bldg	Age	-
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)	County (6)					Savet 6					1		
Size Address Size		5 11 .:-					e (7)(STATE USE ONL		rior if being der	molished	d)		_
Street Address BA36 Enterprise Ave 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Philadelphia, PA 19153 Project Manager for Monitoring Firm Mark Jenkins Start Date (10) 1 / 2 / 14 1 / 17 / 14 Scoupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement DAbatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 2:00Am-3:30PM/ PM- AM Decupancy Office of Abatement DABATED IN Facility IN Fa	IISA Environmental Mana	Ruildiu	g Own	er (8)	ASC	CM No.	Name of Abate	ment Contractor (9)				_
Street Address 1123 BEAVER STREET City, State, Zip Code Philadelphia, PA 19153 Project Manager for Monitoring Firm Mark Jenkins Telephone No. 215-385-5810 215-385-6940 215-788-6040 205099 Start Date (10) 1 / 2 / 14 1 / 17 / 14 Scheduled Completion Date (11) 1 / 2 / 14 1 / 17 / 14 Scheduled Completion Date (11) 1 / 18 / 17 / 14 Scheduled Completion Date (11) 1 / 18 / 17 / 14 Scheduled Completion Date (11) 1 / 18 / 18 / 19 / 19 / 19 / 19 / 19 / 1		emen	<u> </u>										
City, State, Zip Code Philadelphia, PA 19153 Project Manager for Monitoring Firm Mark Jenkins 215-385-5810 215-385-5810 215-385-6040 215-788-6040 215-78-6040 21									,				
City, State, Zip Code SRISTOL, PA 19007 Telephone No. 215-385-5810 215-788-6040 00509 Start Date (10) 1 / 2 / 14 1 / 17 / 14 BRISTOL ENVIRONMENTAL, INC. Scheduled Completion Date (11) BRISTOL ENVIRONMENTAL, INC. Street Address Street						a man	1123 BEAV	ER STREET					
Telephone No. 215-385-5810 215-385-6040 215					1, 1, 1, 1, 1		City, State, Zip	Code					_
Mark Jenkins 215-385-5810 Catherina							BRISTOL, F	A 19007					
Z15-385-5810 Z15-788-6040 Doto		n					Telephone No.		License No				
Scheduled Completion Date (11) 1 / 2 / 14 1 / 17 / 14 Secondary Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PW							215-788-604	10		•			
Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement 2:00AM-3:30PM/ PM- AM Street Address 1123 BEAVER STREET		Sch	eduled	Comp	letion I	Date (11)	Name of OSHA	Monitor	10000				_
Street Address Stre			1_	/_1	7 /	14	BRISTOL E	NVIRONMENTAL	L. INC.				
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00_AM-3:30PM/ PM- AM	occupancy Status During Abatemer	nt (Che	ck onl	y one)									
Time of Abatement: 7:00AM-3:30PM/ PMAM	Facility Closed/Vacated During E	ntire P	eriod o	of Abat	ement		1123 BEAVE	ER STREET					
SRISTOL, PA 19007	Time of Abatement: 7:00AM-3:3	Noma	al Faci	lity Hou	irs - Di	escribe							
23 sf or 23 if				L 1A1-	^	M	192000000000000000000000000000000000000						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) The File AC equipment room File AC equipment room File AC equipment room File Of Registered Waste Hauler ERVICE TRANSPORT GROUP, INC. State EW CASTLE, DE 19720 Location of Normally Used Solely by Maintenance, Custodial Staff? (12) Normally Used Solely by Maintenance, Custodial Staff? (12) Yes No N/A Pipe fitting insulation Suffacing, VAT, or other miscellaneous) Pipe fitting insulation Suffacing, VAT, or other miscellaneous) Suffacing, VAT, or other miscellaneous) Abatement Ty Maintenance, Custodial Staff? (12) Abatement Ty Maintenance, Custodial Staff? (12) Abatement Ty Maintenance, Custodial Staff? (12) About Insulation Suffacing, VAT, or other miscellaneous) Suffacing, VAT, or other miscellaneous Suffacing, VAT	>3 sf or >3 lf			emoliti	on		⊠ Gloveba	ciosure o Procedum					
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 10 Piece No N/A The FI. AC equipment room FI.	t a setting of		'					7 (/ = 110 1101	I Hable Proce				_
Maintenance/ Custodial Staff? (12) Yes No N/A N/A N/A N/		(M)	Us	ed Sol	ely by	Act	Description (of					_
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FI. AC equipment room	,,		Yes	No	N/A		other miscellane	ous)	,	=		Hat	1
FI. AC equipment room Valve insulation 2 LF	th FI. AC equipment room		×		-	+	tting insulation		515	- F2	-	_	L
ne of Registered Waste Hauler ERVICE TRANSPORT GROUP, INC. State EW CASTLE, DE 19720 Disposal Date Disposal Date Signature. Signature. Date 12 1/16 1/18	FI. AC equipment room		×								-	_	
ne of Registered Waste Hauler ERVICE TRANSPORT GROUP, INC. State EW CASTLE, DE 19720 Disposal Date Disposal Date WayNESBURG, OH 44688 Signature. Signature. Date Date 12.116 b c									2 LF		-		
ne of Registered Waste Hauler ERVICE TRANSPORT GROUP, INC. State EW CASTLE, DE 19720 Ipleted By (Print or Type) Title Estimator NJDEP Waste Hauler ID No. 20990 Cubic Yards of Waste Waste Cubic Yards of Waste Disposal Date City, State WAYNESBURG, OH 44688 Date 12.116 ha Date				П	П	-				_	-		
ERVICE TRANSPORT GROUP, INC. Hauler ID No. 20990 Disposal Date Waste Waynesburg, OH 44688 Figure Scaffro Disposal Date Signature Signature Date Date Date Date Date	ne of Registered Waste Hauler			_	_	Wasta	Cubio Vasata d	IN					
Disposal Date City, State WAYNESBURG, OH 44688 Pleted By (Print or Type) Title Signature Signature Date 12.16 he	ERVICE TRANSPORT GROU	P, INC	; .	H	auler 10	D No.						·	
rian Scafiro Estimator Signature Date				88			Disposal Date	City, State					
rian Scafiro Estimator Sugar Scales 10 Date	pleted By (Print or Type)	Title						WAYNESBU	RG, OH 4468	88			
	ian Scafiro	70000	timat	or			Signature ,	Icalin 1	io D	ate /2///	6/10	,	

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Date of Notification (1)				Na	me of Build	ing Owner/Ores	·		· ·				
12 / 16	/ _1	3			erizon	ing Owner/Operator	(2)						
Agencies Notified ☐ EPA ☐ Initia ☐ DOLWD ☐ Ame		n			eet Address 5 East Mo	ontgomery Place	, Lower Level						
23, 1110	ndment :	#2-1/7	7/14	City	, State, Zip	Code							
□ DCA □ Eme	rgency (includi	na	P	ittsburgh	, PA 15212				2			
(NJAC 5:23-8) justif	ication)		9		me of Conta			Telephone Nu	mhar				
Cano	ellation				nthony P			relephone Mu	mber				
Name of Facility Where Abatement	is Takir	na Die	20 (2)	F	ACILITY I	NFORMATION	500						
Verizon Market CO	is rakii	ig Flac	Je (3)				Type of Facility (112.35			
Street Address							School (K-12) Subchapter 8	(Other than K 4	21				
95 William St							Other (i.e., pri	vate and comm	∠) ercial	buildi	nas		
City (5)		_	50				homes, etc.)			//C			
Newark							Square Feet	# of Floors		Bldg.	Age		
County (6)				TCo	unhi Cada (77/07/77							
Essex				0	unty Code ((7)(STATE USE ONLY)	Office (Prior	r if being demol	ished)			
Name of Monitoring Firm Hired by E		Owner	(8)	ASCI	M No.	Name of Abatem							
USA Environmental Manage	ment						VIRONMENTAL	INC					
Street Address						Street Address	AUCHAIRIEMIAL	, INC.					
8436 Enterprise Ave						1123 BEAVE	RSTREET						
City, State, Zip Code			A O LIKE			City, State, Zip Co							
Philadelphia, PA 19153						BRISTOL, PA							
Project Manager for Monitoring Firm			Te	lephone	No.	Telephone No.	13007	Licens No					
Mark Jenkins			2	215-36	5-5810	215-788-6040		License No. 00509					
Start Date (10)	Sched	fuled (ompl	etion D	ate (11)	Name of OSHA M		00303					
1 / _2 / _14	:	2	1		_14		VIRONMENTAL,	INC					
Occupancy Status During Abatemen	t (Check	conly	one)			Street Address							
☐ Facility Closed/Vacated During E	ntire Per	riod of	Abate	ement		1123 BEAVER	STREET						
Abatement Performed Outside of	Normal	Facilit	у Ноц	ırs - De	scribe	City, State, Zip Co							
Time of Abatement: 7:00AM-3:3		P	M	AM		BRISTOL, PA							
Scope of Work (Check all that apply)	di N												
⊒ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf		⊠ Re □ De	novat moliti	tion on					re.				
			Loca						_		7		
Location of Asbestos-Containing Material (AC	AA)		lorma d Sol	ally ely by	1	Description of				atem	_	-	
TO BE ABATED	"",	Ma	intena	ince/	Asbes	stos Containing Mate , thermal systems in	erial (ACM)	Amount	en	Repair	Enc	E	
IN Facility (13)		Cust	odial (12)	Staff?	(surfacing, VAT,	or	(Specify SF or LF)	Removal	a.	aps	Enclosure	
		Yes	No	N/A		other miscellaneo	us)	,	=		Encapsulate	6	
1 th FI. AC equipment room					Floor tile	e and mastic		1820 SF	×	П			
0 th Fl. AC equipment room					Floor tile	e and mastic		45 SF					
th FI. AC equipment room					Floor tile	and mastic		35 SF			100	-	
th FI. AC equipment room						and mastic		85 SF	+				
ame of Registered Waste Hauler			N	JDEP V		Cubic Yards of	Name of Registere						
SERVICE TRANSPORT GROU	P, INC.		1,035,07.5	auler ID	No.	Waste	MINERVA LAI						
ity, State				20990		Disposal Date		VUI ILL					
NEW CASTLE, DE 19720						Cioposai Date	City, State	G OH 44000					
ompleted By (Print or Type)	Title					Cianet	WAYNESBUR						
Brian Scafiro		imate	or			Signature	Scafero /	Date	e /	1	/		
3-41						Miss	Desfero / 1	\mathcal{L}	117	114			

Date of Notification (1)			Nam	o of Duild			(0)						
	13		4 2 mm	rizon	ing Ov	wner/Operator	(2)						
Agencies Notified Type Notifica	ation		Stree	et Address						_			
☑ EPA ☑ Initial						mon Diana	Lower Level						
☑ DOLWD ☑ Amended				State, Zip			Lower Level			_			
	ent # <u>2-1/7</u>			tsburgh									
DCA Emergence (NJAC 5:23-8) Interpretation		ng		e of Conta	2	13212		T=			West -		
Cancellati			100000000000000000000000000000000000000	thony P				Telephone N	umber				
Name of Facility Where Abatement is T	akina Plac	0 (2)		CILITY	INFO	RMATION	1= == ==						
Verizon Market CO	aking Plac	e (3)					Type of Facility (
Street Address							School (K-12 Subchapter 8		-12\				
95 William St							Other (i.e., pr	rivate and com	mercial	bu	ilding	js,	
City (5)		_	-				homes, etc.) Square Feet	# of Floors		Die	ig. A	~~	
Newark							oquale i col	W 011 10013		DIC	.y. A	ye	
County (6)			Cou	nty Code	(7)(ST/	ATE USE ONLY)	Current Use (Pri	or if being dem	olisher	1)	72		
Essex				- 11-07 - 11 - 11 - 11 - 11 - 11 - 11 -			Office			,			
Name of Monitoring Firm Hired by Build	ling Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)						_
USA Environmental Manageme	ent				E	BRISTOL EN	VIRONMENTAL	_, INC.					
Street Address						eet Address		·					
8436 Enterprise Ave					1	123 BEAVE	R STREET						
City, State, Zip Code					Cit	y, State, Zip Co	ode .			-		-	
Philadelphia, PA 19153					E	BRISTOL, PA	19007						
Project Manager for Monitoring Firm			elephone		Tel	ephone No.		License No.					
Mark Jenkins		- 1	215-365			15-788-6040		00509					
Start Date (10) So	cheduled (oletion Da 14 /	74 A. V. J.	100000	me of OSHA M		INC					
Occupancy Status During Abatement (C			278				VIRONMENTAL	., INC.					
☐ Facility Closed/Vacated During Entire						eet Address							
Abatement Performed Outside of Nor				scribe		123 BEAVE							
Time of Abatement: 7:00AM-3:30PM	M/P	M	AM			y, State, Zip Co BRISTOL, PA							
Scope of Work (Check all that apply)						INISTOL, PA	19007						
							ainment with Nega	ative Pressure					
	⊠ Re					Mini-Encl Mini-En	osure						
23 E 100 31 01 E200 II		HOI	LIOIT			☐ Non-Exer	npted (*) and Nor	-Friable Proce	dure				
			ation	I	-					Aha	teme	ent Ty	vne.
Location of		Norm	nally plely by			Description of	f				_		
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	inter	nance/	Asbe	estos (Containing Mat	terial (ACM)	Amount	1 6		Repair	nca	ncl
IN Facility	Cus		I Staff?	(1.0		urfacing, VAT,		(Specify SF or LF)	Kentoka		¥	psu	Enclosure
(13)	Yes	(12 No		1	oth	ner miscellaned	ous)	Í	-	-		Encapsulate	ē
6th th FI. AC equipment room				Pipe fit	ttina	insulation		5 LF	D	7			
5 th Fl. AC equipment room				Valve i	_			2 LF	D	+			
5 th Fl. Machine Rm (#4/5 Elevators	s) 🛛			VAT/M	astic	-		350 SF		+	H	귀	_
11 th Fl. Machine Rm (#7/8 Elevator	rs 🛭		-	VAT/Ma	astic			440 SF		+	릵		
Name of Registered Waste Hauler			NJDEP V	Vaste	Cub	ic Yards of	Name of Registe			- 1			_
SERVICE TRANSPORT GROUP,	INC.		Hauler ID 20990		Was	ste	MINERVA L						
City, State	9				Disp	osal Date	City, State						
NEW CASTLE, DE 19720							WAYNESBU	JRG, OH 446	88				
Completed By (Print or Type)	Title					Signature	1 1	, I	Date	,	/	,	_
Brian Scafiro	Estimat	tor				Drien	Scolino 1	of I	1/	7,	119	4	
						1		/	,	1			

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MAY 11 B 5/ 3/07/
Po not use this form for asbestos licensure exempted activities.

12	12	Date of Notification (1)					Name	e of Buildir	ng Ov	vner/Operator (2)				335130		
Secondary Country Co	SEAR SOLVO SAME SAME SEAR		16 /	13	<u> </u>					,	S. 4.						
Section Sect	DOLVID		Type Notific	ation			Stree	t Address				- 1	<u> </u>		-	_	
Mark of Monitoring Firm Hired by Buliding Owner (8)	MINAC 5:23-49		1200 (100 PM				15	East Mo	ntgo	mery Place,	Lower Level						
CACA (NJAC 5:23-8)	CACA (NJAC 5:23-8)			100	2 4171	1.4	City,	State, Zip	Code		_					_	
Name of Facility (Where Abatement is Taking Piace (3)	(NJAC 5:23-6)		The Company			_	Pit	tsburgh,	PA	15212							
School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) Subchapter 6 (Other than K-12) S	Substitute Sub				Claum	J	Name	e of Conta	ct			Telephone I	Number				
Name of Facility Where Abstement is Taking Place (3)	Name of Facility Where Abstement is Taking Place (3)		☐ Cancella	ation			An	thony Po	orta								
Street Address Str	Vertzon Market CO							CILITY II	NFO	RMATION							
Street Address St William St Street Address St William St Street Address St William St Street Address Start Part Address Street Address Str	Street Address Stwilliam St			Takin	g Place	(3)						5150					
Sy William St	St William St												v 40)				
County (S)	City (5) Newark County (6) Essex County (7) Current Use (Prior if being demolished) Office Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Street Address 8436 Enterprise Ave City, State, Zip Code Philadelphia, PA 19153 Project Manager for Monitoring Firm Mark Jenkins Telephone No. 215-385-5810 SIRTOL, PA 19007 Street Address SIRTOL, PA 19007 Street A										Other (i.e., pr	ivate and con	K-12) nmercia	l bu	ilding	IS,	
Newark	Newark County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Street Address ### 436 Enterprise Ave City, State, Zip Code Philadelphia, PA 19153 Project Manager for Monitoring Firm Mark Jenkins Start Date (10) 1																
County (6) Essex	County (6)										Square Feet	# of Floors	•	Bio	dg. A	ge	
Sasex	Essex Offfice			-			Cou	nty Codo (7\/07	ATE LICE ONLY	Correct Head (Del	as if haire des	er e Caba	-*>			
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Street Address \$436 Enterprise Ave City, State, Zip Code Philadelphia, PA 19153 Project Manager for Monitoring Firm Mark Jenkins 215-365-5810 Start Date (10) 1 / 2 / 14 Scheduled Completion Date (11) Pacifity Closed/Vacated During Entire Period of Abatement Pacifity Closed/Vacated Buring Entire Period of Abatement Pacifity Closed/Vacated During Entire Period of Abatement Date Pacifity Closed/Vacated During Entire Period of Abatement Pacifity State, Zip Code BRISTOL, PA 19007 Street Address Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Street Address Street Address Street Address Street Address Street Address Street Address Fill Containment with Negative Pressure Mini-Enclosure Min						Cou	nty Code (1)(31/	ATE USE UNLT)		or it being der	molisne	a)			
USA Environmental Management	USA Environmental Management Street Address 8436 Enterprise Ave City, State, Zip Code Philadelphia, PA 19153 Project Manager for Monitoring Firm Mark Jenkins Start Date (10) 1 / 2 / 14 2 / 14 / 14 Cocupancy Status During Abstement (Check only one) □ Facility Closed/Acated During Entire Period of Abstement □ Abstement Performed Outside of Normal Facility Hours - Describe □ Time of Abstement (Check all that apply) □ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if □ Name of Ost Amount ■ Cocupancy Status During Material (ACM) □ PM- AM Scope of Work (Check all that apply) □ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if □ Demolition Location of Asbestos-Containing Material (ACM) □ Name of Ost Amount □ Normally □ Set ABATED □ Name of Ost Amount □ Normally □ Set Ost Amount □ Normally □ Normally □ Set Ost Amount □ Normally □ Normally □ Normally □ Normally □ Normally □ Normally □ Set Ost Amount □ Normally □ Nor		Hired by Buil	Idina (Dwner	(8)	LASCM	No	No	ma of Abetome							
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State City State Zip Code Philadelphia PA 19153	State Zip Code					-				A STATE OF THE STA	AILOIGINEIAIVE	., INC.					
City, State, Zip Code	City, State, Zip Code		е								RSTREET						
Philadelphia, PA 19153	Philadelphia, PA 19153 Project Manager for Monitoring Firm Mark Jenkins 215-365-5810 215-788-604	City, State, Zip Code		*													-
Telephone No. 215-365-5810 Z15-788-6040 Z1	Project Manager for Monitoring Firm Telephone No. 215-385-5810 Telephone No. 215-385-5810 Caste Date (10) Telephone No. 215-385-5810 Caste Date Date (11) Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. Cocupancy Status During Abatement (Check only one) Street Address Telephone No. 215-788-6040 Caste Date Date Date Date Date Date Date Da	Philadelphia, PA 19	153						3	Same and the same and the same and							
Start Date (10)	Start Date (10)	Project Manager for Moni	toring Firm			Te	elephone	No.	1000			License No	0.	_			-
1	1	Mark Jenkins					215-365	-5810	2	215-788-6040		00509					8
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PW/ PMAM Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 if ☑ Renovation ☐ Demolition ☐ Permolition ☐ SLocation Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A 114th FI Machine Rm (# 6 Freight Elev ☐ VAT/Mastic ☐ Name of Registered Waste Hauler ☐ Name of Registered Landfill ☐	Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement	10 10 10 10 10 10 10 10 10 10 10 10 10 1		Sched	luled C	omp	letion Da	ite (11)	Na	me of OSHA M	onitor						
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ PMAM	Facility Closed/Vacated During Entire Period of Abatement Abatement Abatement Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/PM-AM PM-AM AM PM-AM ERISTOL, PA 19007	1 / 2 /	14	_	2_/		14_ /	14	E	BRISTOL EN	VIRONMENTAL	., INC.					
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ PMAM	Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ PM- AM	Occupancy Status During	Abatement (Chec	k only o	ne)			Str	eet Address							-
Time of Abatement: 7:00 AM-3:30 PM/ PM- AM BRISTOL, PA 19007 Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥5160 sf or ≥260 lf □ Demolition □ Demolition □ Demolition □ Description of Non-Exempted (*) and Non-Friable Procedure □ Non-E	Time of Abatement: 7:00AM-3:30PM/ PMAM BRISTOL, PA 19007 Scope of Work (Check all that apply) Scope of Work (Check all that apply) Stope of Work in the Negative Pressure Mini-Enclosure Stope of Work all that apply Stope of Procedure Stope of Work all the More of Registered Landfill Minerva Landfill Minerva Landfill Minerva Landfill Minerva Landfill Minerva Landfill Maynesselve of New all the Stope of New all the S								1	123 BEAVER	RSTREET						
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≥3 sf or ≥3 lf	□ ≥3 sf or ≥3 lf □ Pemolition □ □ Pemolition □ □ Pemolition □ Pemolit			- 141/		VI	AIVI		E	BRISTOL, PA	19007						
≥3 sf or ≥3 lf	≥3 sf or ≥3 lf	Scope of Work (Check all	that apply)						20000	⊠ Eull Cont	ninmont with No.	-ti D					
Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) An	Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N	≥3 sf or ≥3 lf			⊠ Re	nova	ation			Mini-Encl Mini-En	osure	ative Pressure	е				
Security (13) Security (12) Security (13) Security (12) Security (12) Security (12) Security (13) Security (12) Security (12	Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 11 th FI Machine Rm (# 6 Freight Elev	≥160 sf or ≥260 If			☐ De	moli	tion			⊠ Glovebag	Procedure	E::U: B					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A 11 th FI Machine Rm (# 6 Freight Elev	Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 11th FI Machine Rm (# 6 Freight Elev			_	Is	Loc	ation			☐ Non-Exer	npted (*) and Nor	I-Friable Proc					
SF or LF	SF or LF Second	Location of	of		1	lorm	nally			Description of			-				-
SF or LF	SF or LF Second			A)										Ren	Rep	Enc	Enc
Yes No N/A 11 th FI Machine Rm (# 6 Freight Elev	11 th FI Machine Rm (# 6 Freight Elev				1000	N. 5550		(1.6					.	YOU	air	aps	osu
11 th FI Machine Rm (# 6 Freight Elev	11 th FI Machine Rm (# 6 Freight Elev		•		Van			1				Or Or Er	'	<u> </u>		ulate	IT B
12 th FI Machine Rm (#2/3 Elevators)	12th FI Machine Rm (#2/3 Elevators)	11th Fl Machine Rm (#	6 Freight F	=lev	222			VAT/M:	etic			220 SE	-	a		_	
12th FI Machine Rm (#2/3 Elevators)	12th FI Machine Rm (#2/3 Elevators)						+							-][屵	
Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill SERVICE TRANSPORT GROUP, INC. Hauler ID No. Waste MINERVA I ANDELLI	Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. City, State NEW CASTLE, DE 19720 Name of Registered Landfill MINERVA LANDFILL Disposal Date City, State WAYNESBURG, OH 44688 Completed By (Print or Type) Title Signature						_							-	ᆜ	ᆜ	믬
Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill SERVICE TRANSPORT GROUP, INC. Hauler ID No. Waste MINERVA I ANDER I	Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. City, State NEW CASTLE, DE 19720 NAME of Registered Landfill MINERVA LANDFILL Disposal Date Waynesburg, OH 44688 Completed By (Print or Type) Title	12th Fi Machine Kiii (*	FZIS Elevato	ors)			+=-	VAI/IME	STIC			200 SF	-+	-	Ц	Ц	
SERVICE TRANSPORT GROUP, INC. Hauler ID No. Waste MINERVA I ANDEIL I	SERVICE TRANSPORT GROUP, INC. City, State NEW CASTLE, DE 19720 Hauler ID No. 20990 Disposal Date City, State WAYNESBURG, OH 44688 Completed By (Print or Type) Title Signature	None of Decisters d'Maria	- Unidar		Ш			Maria		1. V. 1 *			[Ш		Ш
SERVICE INANSPORT GROUP, INC.	City, State NEW CASTLE, DE 19720 Completed By (Print or Type) Title Disposal Date City, State WAYNESBURG, OH 44688			141					U250-0252								
	NEW CASTLE, DE 19720 WAYNESBURG, OH 44688 Completed By (Print or Type) . Title Signature . Date		NI GROUP	, 1140	••				12.011			ANUFILL					
	Completed By (Print or Type)	450)	9720						Dis	posal Date		JRG. OH 44	688				
Completed By (Print or Type) Title Signature	n.			Title	6					Signature			Date			-	
Date / d / //	Brian Scafiro Estimator Brian Scafiro 1/7/14	Brian Scafiro		1000		or				Brian	Sasfino		1/	17	//	4	

ASB-41 B 5/3/07/

^{*} Do not use this form for asbestos licensure exempted activities.

	(Pursuant to 15.					- \		1
	Name	of Building Owner	Operator (2) A Demolition	n j. (1)	1534	1		4
Date of Notification (1) January 29, 2014	Stree		56 Camplain	,				1
Agencies Notified Type of Notification [] Initial Notification	on	21			3 2014	2		
[X] EPA L Amended Notifi	ication City	, State, Zip Code	lillsborough,	NJ 08844	e Number	-		7
[x] DOL [x] Emergency (included in the content of t		me of Contact Antonio I	Dimuzio	TOTAL TOTAL		<u>J</u>		
[] DCA [] Cancellation	FACILI	TY INFORMAT	TON	f Facility (4)	- 400			
Name of Facility Where Abatement is Taking Place (3				1 J Scho	ol (k-12) chapter 8 (other than ber (i.e., private & con	k-12) nmercial	buildir	ngs,
Resident				hom	ec etc.)	g. Age		
Street Address 23 Arlington Avenue Cour	nty (6) Co	ounty Code (7) STATE USE ONLY)	Squa	re feet 1500 sf ent Use (Prior if bein	g demolished)	0.		
City South River Mic	ddlesex	T	- 11	Residence				
ari dhe Building Owner	(8)	ASCM No.	Street Address	Guarana	Contracting, Inc.			
Guaran			City, State, Zi	1005 1000	er, New Jersey 0	8755-	1271	
Street Address 1889 Route 9, Unit 61 City, State, Zip Code Toms River, NJ 0875:	-		Telephone Nu	mber	License Numb	er		
Toms re-	240 0032	= : (11)	732-349-9 Name of OS	932	Analytical			
Nicholas Fermeous	732-349-9932 Scheduled Complete 1/30/14	ion Date (11)	Street Addre		lton Road			
1/29/14 Steps During Abatement (Check only	y one) ouring Entire Period of Ab	atement	City, State,			08854		
X J Pacinity Performed Ou	tside of Normal Pacinty	Iours	City, State,	Piscatav	vay, New Jersey	ire		
Other – Describe			[]	Mini-Enclosure	with Negative Pressu			
Scope of Work (Check all that apply)		ovation	[x]	Glovebag Procedi Non-Exempted (*) and Non-Friable P	rocedure	· 	
[X] >3 sf or ≥3 lf ≥160 sf or ≥260 lf	[] Den	nolition				-	ment T	E
	Is Location Normally used		Description Asbestos-Con Material (A	ntaining ACM)	Amount (Specify SF or LF)	R E M	E P A I	N C A P
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Solely by Maintenance/Custo Staff	1	(i.e., thermal insulation, SI VAT, other miscel	systems irfacing, or		V A L	R	S U L E
in facility (13)	YES NO	N/A			62 lf	$\frac{1}{x}$	\pm	<u> </u>
1	165	1 1 10	s nine insulat	ion		1	1	

[x] >3 sf or ≥3 lf ≥160 sf or ≥260 lf	<u> </u>	<u>]</u>	Demolition			Abate	R	Е	T
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility	Nor	Location mally use Solely by nance/Cu Staff (12)	ed	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	E	E P A I R	N C A P S U L E	
(13)	YES	NO	N/A	inculation	62 lf	X	7	+	_
		X	\prod	Asbestos pipe insulation		+	+	+	-
Basement							+	1	
			-	L Name of Reg	stered Landfill				
	1-	NIDEP W	aste Haule	r ID No. Cubic Yards of Waste Name of Regular T.R.R.F.					-
Name of Registered Waste Hauler Guardian Contracting, In	1		20223	Osal Date City, State Tullytown, Pennsylva	nia	—-T	Date		-

Name of Registered Waste Hauler
Guardian Contracting, Inc. 20223

| Disposal Date 1/31/14 City, State Tullytown, Pennsylvania City, State

Toms River, New Jersey
Completed by (Print or Type)
Nicholas Fernicola Signature Title

*Do not use this form for asbestos licensure exempted activities. Project Manager

1/29/2014

NOTIFICATION OF ASBESTOS ABATEMENT State of from Jorday

NOT	TFICA	TION	OF AS	C 8:60 and	12:120)		(ch+ 2551	01		\neg
	(1	ursaus			/Operat	or (2)			1.7	3 5	-
of Notification (1)		1	Name of	Dunding	Dwell To	ech Constr	ruction				
January 20, 201			Street Ac	ldress		XXI ton Str	eet	\$		1	
cies Notified Type of Notification	ation		Sacon		45 West	t Water Str		FEB3	2014	7.	
cies Notified EPA	tification		City, Sta	ate, Zip Code		· NII 0	8753	AC			
DEP Amendment	#		,		Toms R	Civer, NJ 0	Tolen	hone Number		4	
DOL [x] Emergency	including		Name o	f Contact			- Telep	mone 2 van			
justification)] DOH [] Cancellation	S E			Tibor K	100						
] DCA		FA	CILITY	INFORMA	TION	Type of Fa	cility (4)				
. Taking Place	: (3)					Type of ru	r 1 S	chool (k-12)	ank-12)		
ne of Facility Where Abatement is Taking Place Residence	. (-)						L 2	Subchapter 8 (other that Other (i.e., private & c	ommer	ial buil	ding
			11				[x] (nomes, etc.)			
eet Address 1017 Curtis Avenue						Square fee		# of Floors Blo	dg. Age	44	
	unty (6)		County	Code (7) E USE ONL	Y)	10	22	2		-	
ty			(31111			Current U	Residence	eing demolished)			
Point Pleasant Boro	cean	89			Name C	of Abatement	a Lestor ((0)			
ame of Monitoring Firm Hired by Building Own	ner (8)		ASCN	I No.			Guardia	n Contracting, Inc			
ame of Monitoring Fifth Three 67					Street A	Address	1889 Ro	oute 9, Unit 61			
treet Address					City, S	State, ZipCod		iver, New Jersey	08755	1271	
					-		I OHIS IN	License Num	ber		
City, State, Zip Code	Telen	hone Nun	nber		Teleph	hone Number 349-9932	r	00624			
Project Manager for Monitoring Firm				-to (11)	Name	of OSHA M	lonitor	T Applytical		150	
Scheduled Start Date (10)	Sche	duled Con	npletion D	ate (11)			E.M.S.	L. Analytical			
01/29/2014	-	31/2014			Street	t Address	1056 S	telton Road			
Occupancy Status During Abatement (Check of Facility Closed/Vacated)	During Enti	re Period	of Abatem	nent	77	, State, Zip C	ode		0005/	E	
[X] Facility Closed/Vacated Control of Abatement Performed Or	utside of No	rmal Faci	ility Hours		City,		Piscata	away, New Jersey		· 	
Other - Describe						1 Ful	Il Containme	nt with Negative Press	sure		
n d d ample)					I.	i Mi	ni-Enclosure				
Scope of Work (Check all that apply)			Renovation	2	[j Gl	ovebag Proce	edure (*) and Non-Friable P	rocedur	e	
[] >3 sf or ≥3 lf	[Renovation Demolition		[[x] No	on-Exempted	(*) and 140111111		ment Ty	vne
[x] ≥160 sf or ≥260 lf		x]	T						Abate		V 600
			1		Desc	ription of		Amount	R E	R E	E N
	Is	Location mally us	ed		Asbesto	S-Containin	ıg	(Specify SF	M	P	C A
Location of		colely by			(ie the	rial (ACM) ermal system	ns	or LF)	0	A I	P
Asbestos-Containing Material (ACM) TO BE ABATED	Mainter	nance/Cu	stodial		insulati	on, surfacin	ıg,		V	R	S
in facility		Staff (12)			th on m	VAT, or niscellaneou	15)	1	A		L
(13)					Offici II	msconass			L		E
	YES	NO	N/A		11:			1800 sf	X	-	+
	1	X		Asbesto	siding				-	+	+
Exterior	1									+	+
	+			-							
	+			TDN: 1	ubic Yard	s of Waste	Name of R	egistered Landfill			
		JDEP Wa	aste Hauler 20223	ID No.	2		T.R.R.	.F			
22 Weste Hauler	1000					City, State		2			
Name of Registered Waste Hauler Guardian Contracting, Inc.	1000		Dispo	sal Date	1	Tullutou	n Pennsyl	vania	TE	ote	
Guardian Contracting, and	1000		Dispo	osal Date 3/2014	• 1	Tullytow	n, Pennsyl	vania /	D 1	ate /28/20	14
Guardian Contracting, 22	C. Title		Dispo 02/0	3/2014 Signatur	VI	Tullytow	n, Pennsyl	1	D 1	ate /28/20	14

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)				Name of	Building Ov	mer/Oper	ator (2)					020			
January 28, 2014	1			-	*	Semino	ole Co	nstruction		2	. 3	5	59		
[] DEP [] Amend	Notifica ded Not dment#	ification		Street Ad	ldress te, Zip Code		**	Avenue NJ 08092	1				7.7		
inetific	gency (ir cation)	cluding		Name of	Contact				Telepho	ne Number	- 3	2014		-	
[X] DOH [] Cance				Name of	Joyce				Ciopno	no rumoor					
			FAC	ILITY I	NFORMA	TION							•		
Name of Facility Where Abatement is Taking I Residence	Place (3))					Туре	of Facility (4)	40 000	ol (k-12)					
Street Address					-			[]		chapter 8 (oth					
11900 Sunset Terra	ace							[x]		r (i.e., privat es, etc.)	e & con	ımercıa	il buildi	ngs,	
City	Count	y (6)		County Co	ode (7) USE ONLY)			re feet 2500 sf	# o	f Floors	Bldg	· · · · · · · · · · · · · · · · · · ·) .		
Long Beach Twp.	Ocea	ın		(011110)	,			ent Use (Prior Reside		demolished)					
Name of Monitoring Firm Hired by Building C	Owner (8	3)	-	ASCM N	0.	Name of	Abatem	nent Contracto					l-		
N/A	N/A							Guard	ian Co	ntracting,	Inc.				
Street Address			Street Ac	idress	1889	Route !	9, Unit 61								
City, State, Zip Code	, State, Zip Code						te, Zip C	Code				EE 10	71		
Project Manager for Monitoring Firm	roject Manager for Monitoring Firm Telephone Number							Toms River, New Jersey 08755-1271 Telephone Number License Number							
21 11 12 17 (10)	Clati	an Data (1	1)	732-34 Name of				00624	-			_			
Scheduled Start Date (10) 1/28/14		Scheduled 1/31/1	100	on Date (1	1)	Name of	OSHA		S.L. An	alytical					
Occupancy Status During Abatement (Check of			d of Abot	tament		Street Ac	idress	1056	Stelton	Road					
[X] Facility Closed/Vacated [] Abatement Performed C					-	City, Sta	to 7in (rtoud				-	
Other – Describe						City, Sta	te, Zip C		away,	New Jerse	y 088	54			
Scope of Work (Check all that apply)		-				[]	9	ıll Containme	nt with N	Negative Pres	sure				
[]		r 1	Renova	tion		[]		ini-Enclosure lovebag Proce	dure						
[] >3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf		[x]	Demoli			[x]		on-Exempted		Non-Friable	Procedu	re			
				T							Abat	ement '	rvne		
		Is Location	ın		Г	escriptio	on of							F	
Location of	1	Normally u	sed		Asbe	estos-Co	ntainin	g	11 22	Amount	R E	R E	E N	E N	
Asbestos-Containing Material (ACM)		Solely by stenance/C				aterial (A			(S	pecify SF or LF)	М	P A	C A	C L	
TO BE ABATED in facility	Mair	itenance/Ci Staff	ustodiai			lation, su				OI LI')	0	I	P	o	
(13)		(12)		1		VAT,	or				V	R	S	S U	
3			2.224		othe	r miscell	aneous	5)			A		L	R	
	YES	NO	N/A								L		Е	Е	
Exterior		X		Asbe	stos skirt				21	00 sf	X			_	
									+					_	
			-	-					_		-	-	-		
Name of Registered Waste Hauler NJDEP Waste Haule					Cubic Yar	ds of Was	te N	Name of Regis	stered La	andfill				L	
Name of Registered Waste Hauler Guardian Contracting, Inc.			20223		3			T.R.R.F.							
City, State				sal Date		City, S	tate	Pennsylvan	nia	,					
Toms River, New Jersey 2/3/14 Completed by (Print or Type) Title Signature				ure 1	/	V	/	/	/	Date					
Nicholas Fernicola	Project Manager				Vicho 11/2					8/201	4				

*Do not use this form for asbestos licensure exempted activities.

NOTIFICATION OF ASBESTUS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

	1	EDM	CK	235	1 miles		7 79	4
on	Street A	idress 5 Bencl		124 17		1	H. -	-
Notification ded Notification	City, Sta	te 7in Code		FEB	3 2	014	ki a	
gency (including	Name o	f Contact						
llation					-vi.			
	ACILITY	INFURIVIATION	Type of Facility (4)					-
Place (3)			[]	Subchapter 8 (other t	han k-12	2) ercial b	uildings	s,
				homes, etc.)		ge		
County (6)	County (STATI	Code (7) E USE ONLY)	2000 sf	f being demolished)		60		
Ocean		Name 0	Reside	nce				-
Owner (8)	ASCM		Guard	ian Contracting, In	ic.			_
		200.23	1889]					
			Toms	River, New Jersey License Nur	0875 mber	5-127	1	_
		732-3	49-9932	00624				_
Scheduled Co 2/3/14	mpletion Date	(11)	E.M.S	S.L. Analytical				
ed Outside of Normal Fac	ility Hours	City, S	State, Zip Code Pisca Pisca	ataway, New Jersey		4		
[]	Renovation	[Glovebag Proc	cedure	Procedur	re	200	
[x]	Demolition				-		Гуре	_
Normally us Solely by	sed	Asbestos- Materia (i.e., therr insulation VA	Containing all (ACM) mal systems a, surfacing, aT, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L C S U
X		Asbestos skirt		2000 si	^	+	+-	+
	-							I
	+-+			1 4E11				
		3	T.R.R					
inc.	Disposal	Date C	ity, State 'ullytown, Pennsyl	vania		ite.		
Title	nger	Signature	1. 1 10				14	
	County (6) Ocean Gowner (8) Telephone Nu Scheduled Cc 2/3/14 Ck only one) ated During Entire Period ed Outside of Normal Fac [on Notification ded Notification ded Notification ded Notification ded Notification defend with the property of the property o	Notification ded Notification deed notification	Street Address Senchley Drive City, State, Zip Code Marlboro, NJ 07746 Name of Contact Matt Martino FACILITY INFORMATION Place (3) County (6) Ocean County (6) Ocean County (6) Ocean ASCM No. Telephone Number Street Address City, State, Zip Code Toms Courrent Use (Prior in Street Address) City, State, Zip Code Toms Telephone Number Telephone Number Street Address City, State, Zip Code Toms Telephone Number Telephone Number Street Address 1889 I City, State, Zip Code Toms Telephone Number 732-349-9932 Name of OSHA Monitor Telephone Number Teleph	Street Address Stre	Notification del Notification dement #	Street Address Senchley Drive	Street Address Notification demot #